

ATTACHMENT 1

REGION VII MULTIMEDIA SCREENING CHECKLIST

Facility Air Capital Plating Facility Ownership Thayer Corp. - Wichita Inspector Beatty/Higbee
 Street 1702 S. Knight Facility Contact Curt Howell Inspector Phone Ext. 25089/25003
 City Wichita County Sedgewick Phone 316-946-0731 SIC code _____ Primary Media air
 State KS Zip _____ Number of Employees 100-120 Normal Work Hours/Shifts Mon-2am Date 1/13/99
2 shifts
Sat 6am-11am

1. Are there any permits or registrations in the following areas? NPDES (discharge ☐, pretreatment ☒) 404-Wetlands ☐ UIC ☐ UST ☐ PWS
☒ RCRA ☐ TRI ☒ CAA ☒ Other ☐ Describe: _____

2. What does the facility do? process metal aircraft parts

3. What major raw materials are used? metal parts

- Does facility use more than 200 gallons or 1,500 pounds per month of-- Acids ☒, Bases ☒, Ammonia ☐, Chlorine ☐, Chlorinated Solvents ☐,
 Inorganic Chemicals ☒, Organic Chemicals ☐, Explosives ☐, Fuels ☐, Gases ☐, Solvent-Based Paints ☒, or Solvents ☒, Other _____

- Does facility store on-site more than 100 gallons or 1,000 pounds of -- Acids ☒, Bases ☒, Ammonia ☐, Chlorine ☐, Chlorinated Solvents ☒,
 Inorganic Chemicals ☒, Organic Chemicals ☒, Explosives ☐, Fuels ☐, Gases ☐, Solvent-Based Paints ☒, or Solvents ☒, Other _____

4. Provide brief process description: metal finishing and painting of various aircraft parts

(Check all that apply): Painting/Coating (Water-based ☒, Solvent-based ☒, Printing ☐, Reacting ☐, Formulating ☐, Distilling ☒)

Parts Washers/Degreasing (Water-based ☐, Halogenated-based ☒, Non-halogenated-based ☐, Combustion (boiler, furnaces, oxidizers) ☒)

Electroplating (Chrome ☒, Other anodizing) Electroless plating (Type _____)

5. Describe each waste generated by the facility:

Is the waste hazardous?

Waste Name	Generation Process	Quantity/Month	Final Disposition of Waste	How Long Stored	No	Yes	Don't know
<u>Paint filters</u>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>See bi-annual report attached</u>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL JUSTICE (EJ)

1. What type of area is the facility located in? Industrial ☒ Business ☐ Residential ☐ Rural ☐

Does the area appear to be run down, poorly maintained, or have many abandoned and dilapidated properties? No ☒ Yes ☐

2. What is the estimated income level of the residents in the area that may be impacted by the facility? Low ☐ Moderate ☒ High ☐

3. How close are the nearest normally occupied properties (houses, apartments, schools): <100' ☐ 100-1000' ☐ 1000'-1 mile ☐ >1 mile ☒

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES), UNDERGROUND INJECTION CONTROL (UIC), PUBLIC WATER SUPPLY (PWS)

1. How are wastewaters handled? None ☐ On-site Treatment ☒ Municipal Sewer ☒ Storm Sewer ☐ Surface Water ☐ Septic ☐ Disposal Well ☐ Land ☐

Process wastewater →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-contact wastewater →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary wastewater →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

2. Did you see any wastewater discharges not identified by the facility? No ☒ Yes ☐ Location of discharge: _____
 Appearance of discharge: _____ (PHOTO ☐)

3. What is the source of the facility's drinking water? Rural/Municipal ☒ Private well ☐ River ☐ Other ☐

4. Is the facility's water source protected with a backflow prevention device? No ☐ Yes ☒ Don't know ☐

WETLANDS (CWA - Section 404)

1. Did you see any streams, rivers, ponds, lakes, or temporarily wet areas being (or have been) disturbed by filling, dredging, channelizing, damming, excavating, gravel removal, etc.? No ☒ Yes ☐ Don't know ☐ Describe/locate: _____ (PHOTO ☐)

CLEAN AIR ACT (CAA)

1. Did you see any visible smoke or dust emissions? (non-steam) No ☒ Yes ☐ Source: _____ Time: _____ (PHOTO ☐)
2. Did you see any dust leaving the property? No ☒ Yes ☐ Source: _____ Time: _____ (PHOTO ☐)
3. In the past 2-3 years, has the facility modified or installed any new air emission points? No ☒ Yes ☐ Describe: _____
- Was a permit obtained? No ☐ Yes ☐ Permit No. _____

4. Are there stationary air conditioning or refrigeration units that contain? < 50 lbs refrigerant/unit ☒ > 50 lbs refrigerant/unit ☐ Both ☒ None ☐
Are these units: Self-serviced? ☐ Contract Serviced? ☒ → Service Company: Central HVAC Service Leak repaired
20-25 units < 50 lbs 1-R-22 unit - 55 lbs Keeps track of leaks
5. Are motor vehicle air conditioning systems: Self-serviced? ☐ Contract Serviced? ☒ → Service Company: Quality Check 1 truck None ☐

RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) AND UNDERGROUND STORAGE TANKS (UST)

1. EPA Hazardous Waste Identification Number? No ☐ Yes ☒ # KSD07332308 Generator Size Large
2. Does facility: Treat ☐, Burn ☐, Landfill ☐, or use Surface Impoundments ☐, for on-site hazardous waste management? No ☒
3. Did you see large numbers of drums (> 15) of unknown materials stored in an "abandon-like" manner? No ☒ Yes ☐
Describe: _____ (PHOTO ☐)
4. Did you see any hazardous waste containers, drums, or tanks leaking? No ☒ Yes ☐
Describe: _____ (PHOTO ☐)
5. Did you see any signs of spills or releases (e.g., dead or stressed vegetation, stains, discoloration)? No ☒ Yes ☐
Describe: _____ (PHOTO ☐)
6. Did you see any chemical, industrial, or waste handling practices that concerned you (consider access to children and public)? No ☒ Yes ☐
Describe: _____ (PHOTO ☐)
7. Does facility have any past or present underground storage tanks that contain petroleum, used oil, or hazardous substances? No ☒ Yes ☐
8. Does facility have any underground fuel storage tanks for emergency generators? No ☒ Yes ☐

EMER. PLANNING & COMMUNITY RIGHT TO KNOW ACT (EPCRA), TOXIC SUBSTANCES CONTROL ACT (TSCA) & PCB's (Polychlorinated Biphenyls)

1. Have Toxic Chemical Release Forms (Form R) been submitted under Section 313 of EPCRA? No ☐ Yes ☒
2. Have Hazardous Chemical Inventory Forms (Tier II) been submitted to local Emergency Planning Committees or fire departments? No ☐ Yes ☒
3. Does facility import or manufacture a chemical substance? No ☒ Yes ☐ Describe type and intended use: _____
4. Does facility have equipment containing PCB's > 500 ppm in storage or service – that is leaking ☐, not labeled ☐, or not registered ☐? No ☒

SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN (SPCC)

1. Does facility have above ground oil (petroleum, synthetic, animal, fish, vegetable) tanks, with an aggregate volume > 1320 gallons? No ☒ Yes ☐
Is there an SPCC Plan? No ☒ Yes ☐ Is there secondary containment? No ☐ Yes ☐
Is oil leaking and threatening to reach waters of the State or U.S.? No ☒ Yes ☐ Describe: _____ (PHOTO ☐)

FEDERAL INSECTICIDE, FUNGICIDE, AND RODENTICIDE ACT (FIFRA)

1. Does the facility manufacture, repackage, or apply pesticides? No ☒ Yes ☐
Are rinsates handled in an environmentally sound manner? Yes ☐ No ☐ → Describe: _____ (PHOTO ☐)
2. Do workers use personal protective equipment (gloves, long sleeve shirts, coveralls) when mixing, loading, or applying? No ☐ Yes ☐

* PLEASE TAKE PHOTOS TO DOCUMENT POTENTIAL PROBLEMS

BEFORE COPYING FORM ATTACH SITE IDENTIFICATION

KSD073323081

KEITH DIAL

AIR CAPITOL PLATING INC

1702 S KNIGHT

WICHITA, KS 67213

KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

IDENTIFICATION AND
CERTIFICATIONFORM
IC

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No.

Same as label ☒ or →

B. County

Same as label ☐ or →

Sedgwick

C. Site/company name

Same as label ☒ or →

D. Has the site name associated with this EPA ID changed since 1995?

1 Yes

☒ 2 No

E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.

Same as label ☒ or →

F. City, town, village

Same as label ☒ or →

G. State

Same as label ☒or →

H. Zip Code

Same as label ☒ or →
 -

Sec. II Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address?

☒ 1 Yes (SKIP TO SEC. III)☐ 2 No (CONTINUE TO BOX B)

B. Number and street name of mailing address

C. City, town, village

D. State

E. Zip Code

 -

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name

First name

M.I.

Howell

Curtis

B

B. Title

Compliance
Manager

C. Telephone Number

316 943 - 0731

Extension

Sec. IV

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name

First name

M.I.

Howell

Curtis

B

B. Title

Compliance Manager

C. Signature

Curtis B Howell

D. Date of signature

02 27 98

Month Day Year

Over →

EPA ID NO. KSD073323081**Sec. V** Generator status. Instructions begin on page 8.**A. 1997 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 Kansas
☐ 3 SQG
☐ 4 Non-generator (CONTINUE TO BOX B)

} SKIP TO SEC. VI

B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

Sec. VI On-site waste management status. Instructions page 10.**A. Storage subject to RCRA permitting requirements**☒**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**☒

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR
ENTR

KSD073323081
 SI KEITH DIAL
 AIR CAPITOL PLATING INC
 1702 S KNIGHT
 EF WICHITA, KS 67213

KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>Coercive Spent Acid from anodizing of Aluminum</i>				
B. EPA hazardous waste code (page 12) <i>0002</i>		C. State hazardous waste code (page 13)			
D. SIC code (page 13) <i>3471</i>	E. Origin code (page 13) System Type <i>1</i> <i>M</i>	F. Source code (page 14) <i>A29</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B104</i>	I. RCRA-radioactive mixed (page 14)

Sec. II	A. Quantity generated in 1997 (page 15) <i>4901.0</i>	B. UOM (page 15) <i>1</i> Density <i>1.1</i> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <i>M135</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16) <i>4901.0</i>		On-site process system type (page 16) <i>M</i>
		Quantity treated, disposed, or recycled on site in 1997 (page 16)		

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)

Comments:

Sec I (F): Anodizing of Aluminum

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 S: KEITH DIAL
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Sec. I	A. Waste description (page 12) <i>Corrosive Spent Acid from deoxidizing of Aluminum</i>				
B. EPA hazardous waste code (page 12) 0002			C. State hazardous waste code (page 13)		
D. SIC code (page 13) 3471	E. Origin code (page 13) 1	F. Source code (page 14) A27	G. Point of measurement (p. 14) 1	H. Form code (page 14) B104	I. RCRA-radioactive mixed (page 14)
Sec. II	A. Quantity generated in 1997 (page 15) 36400.0		B. UOM (page 15) Density 1 lbs/gal 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) M135		Quantity treated, disposed, or recycled on site in 1997 (page 16) 36400.0		On-site process system type (page 16) M135	
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) 1 Yes (CONTINUE TO BOX B) 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

KSD073323081
 S^r KEITH DIAL
 AIR CAPITOL PLATING INC
 1702 S KNIGHT
 EF WICHITA, KS 67213

KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>Trichloroethylene Still bottoms</i>				
B. EPA hazardous waste code (page 12) <i>F10011 0040</i> <i>NA NA</i>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <i>3471</i>	E. Origin code (page 13) <i>1</i> System Type <i>M</i>	F. Source code (page 14) <i>A73</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B601</i>	I. RCRA-radioactive mixed (page 14) <input type="checkbox"/>

Sec. II	A. Quantity generated in 1997 (page 15) <i>100.0</i>	B. UOM (page 15) <i>1</i> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <i>M</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	On-site process system type (page 16) <i>M</i>	
		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <i>M00 980 962 849</i>	C. System type shipped to (p. 17) <i>M061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) <i>100.0</i>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____

Comments:

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>Spent flammable methyl ethyl ketone from painting operations</i>				
B. EPA hazardous waste code (page 12) <i>D001 D035</i> <i>NA NA NA</i>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <i>3471</i>	E. Origin code (page 13) <i>1</i> System Type <i>M</i>	F. Source code (page 14) <i>29</i> <i>A</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>203</i>	I. RCRA-radioactive mixed (page 14) <input type="checkbox"/>

Sec. II	A. Quantity generated in 1997 (page 15) <i>4575.0</i>		B. UOM (page 15) <i>1</i> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16) <i>M021</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16) <i>3100.0</i>		On-site process system type (page 16) <i>M</i>		
		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		On-site process system type (page 16) _____		

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

KSD073323081

SIR KEITH DIAL

AIR CAPITOL PLATING INC

1702 S KNIGHT

EF WICHITA, KS 67213

KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>Spent stripping solvent</i>				
B. EPA hazardous waste code (page 12) <i>F002 0040</i> <i>MA MA MA</i>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <i>3471</i>	E. Origin code (page 13) <i>1</i> System Type <i>M</i>	F. Source code (page 14) <i>A01</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B407</i>	I. RCRA-radioactive mixed (page 14) <input type="checkbox"/>

Sec. II	A. Quantity generated in 1997 (page 15) <i>1,600.0</i>		B. UOM (page 15) <i>1</i> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <i>M</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		On-site process system type (page 16) <i>M</i>	
		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		On-site process system type (page 16) <i>M</i>	
		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		On-site process system type (page 16) <i>M</i>	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <i>100 980 962 849</i>	C. System type shipped to (p. 17) <i>M061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) <i>1,600.0</i>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) _____	

Comments:

Sec I (H): *this is a ~~hazardous~~ solid with residual halogenated solvent on top.*

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR
ENTRANCE

KSD073323081
 S^r KEITH DIAL
 AIR CAPITOL PLATING INC
 1702 S KNIGHT
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FORM
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AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>Spent caustic cleaning solution</i>				
B. EPA hazardous waste code (page 12) <i>D002</i> <i>HA</i> <i>HA</i> <i>HA</i>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <i>3471</i>	E. Origin code (page 13) <i>1</i> System Type <i>M</i>	F. Source code (page 14) <i>A03</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B110</i>	I. RCRA-radioactive mixed (page 14) _____

Sec. II	A. Quantity generated in 1997 (page 15) <i>40000.0</i>	B. UOM (page 15) <i>1</i> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) <i>M135</i> Quantity treated, disposed, or recycled on site in 1997 (page 16) <i>40000.0</i>			ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) _____ Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

KSD073323081
 ST KEITH DIAL
 AIR CAPITOL PLATING INC
 1702 S KNIGHT
 EF WICHITA, KS 67213

KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>Spent acid pickling solution containing cadmium</i>				
B. EPA hazardous waste code (page 12) <i>0006 0002</i> <i>N/A N/A N/A</i>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <i>3471</i>	E. Origin code (page 13) <i>1</i> System Type <i>M</i>	F. Source code (page 14) <i>A26</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B103</i>	I. RCRA-radioactive mixed (page 14) _____

Sec. II	A. Quantity generated in 1997 (page 15) <i>13500.0</i>		B. UOM (page 15) <i>1</i> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <i>M135</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16) <i>13500.0</i>		On-site process system type (page 16) <i>M</i>	
		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		On-site process system type (page 16) _____	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

KSD073323081
 S^r KEITH DIAL
 AIR CAPITOL PLATING INC
 1702 S KNIGHT
 EF WICHITA, KS 67213

KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>Spent acidic regeneration solution containing cadmium</i>				
B. EPA hazardous waste code (page 12) <i>D006 D002</i> <i>HA HA HA</i>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <i>3471</i>	E. Origin code (page 13) <i>5</i> System Type <i>M078</i>	F. Source code (page 14) <i>A75</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B103</i>	I. RCRA-radioactive mixed (page 14) <input type="checkbox"/>

Sec. II	A. Quantity generated in 1997 (page 15) <i>38500.0</i>		B. UOM (page 15) <i>1</i> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <i>M135</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16) <i>38500.0</i>		On-site process system type (page 16) <i>M</i>	
				Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTERED.

KSD073323081
 S^I KEITH DIAL
 AIR CAPITO PLATING INC
 1702 S KNIGHT
 EF WICHITA, KS 67213



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM
GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>Spent acidic chromium solutions from anodizing processes</i>				
B. EPA hazardous waste code (page 12) <i>NA NA NA</i>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <i>3471</i>	E. Origin code (page 13) <i>1</i> System Type <i>M</i>	F. Source code (page 14) <i>29</i> <i>A</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B103</i>	I. RCRA-radioactive mixed (page 14) _____
Sec. II	A. Quantity generated in 1997 (page 15) <i>43,500.0</i>		B. UOM (page 15) <i>1</i> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <i>M135</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16) <i>43,500.0</i>		On-site process system type (page 16) <i>M</i>	
Quantity treated, disposed, or recycled on site in 1997 (page 16) _____					
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <i>P1A0 087 561 015</i>	C. System type shipped to (p. 17) <i>M011</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) <i>3,000.0</i>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	
Comments: <i>Sec 1(F): anodizing of aluminum</i>					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR
ENTER:

KSD073323081
 SR KEITH DIAL
 AIR CAPITO PLATING INC
 1702 S KNIGHT
 EF WICHITA, KS 67213

KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>Process Rinse waters containing Cadmium and Chromium</i>				
B. EPA hazardous waste code (page 12) <i>0006 0007</i> <i>0002 NM NM</i>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <i>3471</i>	E. Origin code (page 13) <input checked="" type="checkbox"/> System Type <i>LM</i>	F. Source code (page 14) <i>A29</i>	G. Point of measurement (p. 14) <input checked="" type="checkbox"/>	H. Form code (page 14) <i>B114</i>	I. RCRA-radioactive mixed (page 14) <input type="checkbox"/>

Sec. II	A. Quantity generated in 1997 (page 15) <i>21585000.0</i>	B. UOM (page 15) <input checked="" type="checkbox"/> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <i>LM135</i>		On-site process system type (page 16) <i>LM</i>		
Quantity treated, disposed, or recycled on site in 1997 (page 16) <i>21585000.0</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>LM</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>LM</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>LM</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____

Comments:

Sec I (F): source is electroplating (A22) and anodizing.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR
ENTRANCEKSD073323081
SIC KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>waste solid from treatment of Cadmium and Chromium containing wastes.</i>				
B. EPA hazardous waste code (page 12) <i>0002 0006 0007 F006 NA</i>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <i>3471</i>	E. Origin code (page 13) <i>5</i> System Type <i>M125</i>	F. Source code (page 14) <i>A71</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B306</i>	I. RCRA-radioactive mixed (page 14) <input type="checkbox"/>

Sec. II	A. Quantity generated in 1997 (page 15) <i>75600.0</i>	B. UOM (page 15) <i>1</i> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) <i>M</i>		ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) <i>M</i>	
Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <i>M000 980 962 849</i>	C. System type shipped to (p. 17) <i>M132</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) <i>75600.0</i>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i>	D. Off-site availability code (page 17) <input type="checkbox"/>	E. Total quantity shipped in 1997 (page 17) _____

Comments:

Sec 1 (E): system types are {M071}{M072}{M077}

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTERED

KSD073323081
 ST KEITH DIAL
 AIR CAPITOL PLATING INC
 1702 S KNIGHT
 EF WICHITA, KS 67213

KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>caustic spent stripping solution containing Copper and cyanide</i>				
B. EPA hazardous waste code (page 12) <i>P106 MA</i>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <i>3471</i>	E. Origin code (page 13) <i>1</i> System Type [M] [] [] []	F. Source code (page 14) <i>A01</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B107</i>	I. RCRA-radioactive mixed (page 14) []

Sec. II	A. Quantity generated in 1997 (page 15) <i>2000.0</i>	B. UOM (page 15) <i>1</i> Density [] [] [] [] <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <i>M135</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16) <i>2000.0</i>	On-site process system type (page 16) [M] [] [] []	
		Quantity treated, disposed, or recycled on site in 1997 (page 16) [] [] [] [] [] [] [] [] [] []		

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) [] [] [] [] [] [] [] [] [] []	C. System type shipped to (p. 17) [M] [] [] []	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] [] [] [] []	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) [] [] [] [] [] [] [] [] [] []	C. System type shipped to (p. 17) [M] [] [] []	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] [] [] [] []	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) [] [] [] [] [] [] [] [] [] []	C. System type shipped to (p. 17) [M] [] [] []	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] [] [] [] []	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

KSD073323081

KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
WICHITA, KS 67213



KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

OFF-SITE
IDENTIFICATION

FORM
OI

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter M1010980962849	B. Name of off-site installation or transporter Essex Waste Management
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 1483 S.W. 58 Highway City King'sville State MO Zip 6410611-1111

Site 2	A. EPA ID No. of off-site installation or transporter P1A0087561015	B. Name of off-site installation or transporter Inmetco
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		D. Address of off-site installation Street P.O. Box 720 245 Pottersville Road City Ellwood City State PA Zip 161117-1111

Site 3	A. EPA ID No. of off-site installation or transporter INT1190010397	B. Name of off-site installation or transporter Metropolitan Environmental Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street P.O. Box 378 City Celina State OH Zip 45822-1111

Site 4	A. EPA ID No. of off-site installation or transporter [] [] [] [] [] [] [] []	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street [] [] [] [] [] [] [] [] State [] [] City [] [] [] [] [] [] [] [] Zip [] [] [] [] [] [] [] []

Site 5	A. EPA ID No. of off-site installation or transporter [] [] [] [] [] [] [] []	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street [] [] [] [] [] [] [] [] State [] [] City [] [] [] [] [] [] [] [] Zip [] [] [] [] [] [] [] []

Comments:

SITE NAME:
KSD073323081
KEITH DIAL
AIR CAPITOL PLATING INC
El 1702 S KNIGHT
WICHITA, KS 67213



KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

MONITORING FEES

FORM
MF

WHO MUST COMPLETE THIS FORM?

Every "EPA generator" must complete this form.

INSTRUCTIONS:

Kansas Administrative Regulation 28-31-10(g) requires that hazardous waste generators of regulated quantities pay an annual monitoring fee for the total quantity of hazardous waste generated during each calendar year. This form should be submitted before March 1, 1998. Please return this form along with a check made payable to: "Kansas Department of Health and Environment" for the quantity of waste subject to the monitoring fee.

EXEMPTION:

Hazardous which waste was reclaimed onsite to recover substantial amounts of either energy or materials. However, monitoring fees shall be paid on any hazardous waste residues produced during reclamation.

Sec. I FEE CALCULATIONS

All quantities must be calculated in tons (1 ton = 2,000 pounds). If the density of the liquid is unknown, use a conversion factor of 1 gallon = 8 pounds.

A.	Enter the total quantity of hazardous waste generated in 1997.	11,013 tons
B.	Enter the total quantity of hazardous waste generated for which you can claim an exemption. (See directions above)	10,896 tons
C.	Total quantity of hazardous waste generated in 1997 which is subject to monitoring fee [subtract (B.) amount from (A.) amount to get (C.)]. If this quantity is zero do not submit any fees. Use this figure to determine the fee payment below.	117 tons

Sec. II FEE PAYMENT

Use the above figure from (C.) to determine the monitoring fee payment for the hazardous waste generated in 1997.

A.	Total Quantity Generated in 1996	Amount
	Less than or equal to 5 tons	\$100
	Greater than 5 tons but less than or equal to 50 tons	\$500
	Greater than 50 tons but less than or equal to 500 tons	\$1,000
	Greater than 500 tons	\$5,000
	TOTAL MONITORING FEE ENCLOSED (ACCORDING TO ABOVE TABLE)	\$ 1000

B. Please attach copies of all manifests for hazardous waste shipments made during 1997.

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

314-751-3176

EMERGENCY RESPONSE

115 COAST GUARD

1 RGN 424 R02

CHEM TREC

1 RGN 424 R301

DEPT. OF NATURAL RESOURCES

314-751-7436

HAZARDOUS WASTE MANIFEST

Form Approved OMB No 2050-0039, Expires 9-30-95

INSTRUCTIONS FOR THE COM-
PLETION OF THIS FORM ARE ON A
SEPARATE SHEET.THIS DOCUMENT MUST BE USED FOR
ALL MISSOURI-DESTINED SHIPMENTS.

PRE-1023311101

Please print or type (Form designed for use on elite (12-pitch) Typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 9 7 0 0 1	Manifest Document No. 197001	2. Page of 02	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address Air Capitol Plating 1702 S Knight Wichita, KS 67213		4. Generator's Phone (316) 943-0731		A. Missouri Manifest Document Number 0281P1 7991		
5. Transporter 1 Company Name Essex Waste Management		6. US EPA ID Number MOD980962849		B. S.S.I. (Gen. Site Address) 616-732-5561		
7. Transporter 2 Company Name		8. US EPA ID Number		C. S.S.I. (Gen. Site Address) 616-732-5561		
9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061		10. US EPA ID Number MOD980962849		D. S.S.I. (Gen. Site Address) 616-732-5561		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol.	15. Waste No.
a. HAZARDOUS WASTE LIQUID, N.O.S., 9, NA3082, PG III, (METHYLENE CHLORIDE, FORMIC ACID), RQ=100 LBS. Approval Number [95-04425]		0.01 DF 0.0500		P		EPA WASTE CODE F 0 1 0 2 STATE N D N E
b. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CADMIUM), RQ=10 LBS. Approval Number [95-03085]		0.00 BA 0.0000		P		EPA WASTE CODE B 0 1 0 6 STATE N D N E
c. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CHROMIUM), RQ=10 LBS. Approval Number [95-03084]		0.00 BA 0.0000		P		EPA WASTE CODE B 0 1 0 7 STATE N D N E
d. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CHROMIUM, LEAD), RQ=1 LBS. Approval Number [95-03259]		0.04 BA 0.6400		P		EPA WASTE CODE B 0 1 0 7 STATE N D N E
15. Special Handling Instructions and Additional Information IN CASE OF EMERGENCY CONTACT CHEMTREC: 800-424-9300. IF UNDELIVERABLE CONTACT GENERATOR. ERG'S & LDR ATTACHED. ERG-A, B, C, D) 171 AFTER PICKUP FAX A SIGNED MANIFEST COPY TO 816-732-6200. ATTN: KRISTEL						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name Curt Horne II		Signature Curt Horne II		Month Day Year 01/16/97		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Robert Eagleson		Month Day Year 01/16/97		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Garry E. Carroll II		Signature Garry E. Carroll II		Month Day Year 01/16/97		

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copies 9-30-96 47

Form Approved OMB No 2050 0039, Expires 9-30-96

copies 9-30-96 47

Form Approved OMB No 2050 0039, Expires 9-30-96

MISSOURI DNR FINAL COPY - PART 1

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[illegible]

Use print or type (Form designed for use on elite (12-pitch) typewriter.)

print or type (Form designed for use on a computer terminal) UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 9 7 7 0 0 1		Manifest Document No. 0 2 3 8 1 5 1 7 0 0 1		2. Page 02 of 02 Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address Air Capitol Plating 1702 S Knight Wichita, KS 67213 316 943-0731		6. US EPA ID Number MO D 9 8 0 9 6 2 8 4 9		8. US EPA ID Number 10. US EPA ID Number MO D 9 8 0 9 6 2 8 4 9		12. Containers Number Type 0 0 4 B A 0 6 4 0 0 P	
4. Generator's Phone (316) 943-0731 5. Transporter 1 Company Name Essex Waste Management		7. Transporter 2 Company Name 9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, PG II, (D006, D007), RG=10 LBS. Approval Number [96-04370] b. c. d.		13. Total Quantity 14. Unit WVol. EPA WASTE CODE STATE EPA WASTE CODE STATE EPA WASTE CODE STATE	
15. Special Handling Instructions and Additional Information IN CASE OF EMERGENCY CONTACT CHEMTREC: 800-424-9300. IF UNDELIVERABLE CONTACT GENERATOR: ERG & LDR ATTACHED. ERG-A)171 AFTER PICKUP FAX A SIGNED MANIFEST COPY TO 816-732-6200. ATTN: KRISTEL		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.		17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Robert Eagleston Signature Robert Eagleston Month Day Year 01/16/97		18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year	
19. Discrepancy Indication Space		20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Gerry E Carroll Signature Gerry E Carroll Month Day Year 01/16/97		21. Facility Name and Address Facility Name Address City, State, Zip Date		22. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Signature Month Day Year	

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102

316-751-3176

EMERGENCY RESPONSE

U.S. COAST GUARD

1 800 424 8802

CHEM TREC

1 800 421 9300

DEPT. OF NATURAL RESOURCES
316-751-3136

HAZARDOUS WASTE MANIFEST

Form Approved OMB No 2050-0039, Expires 9-30-99

INSTRUCTIONS FOR THE COM-
PLETION OF THIS FORM ARE ON A
SEPARATE SHEET.THIS DOCUMENT MUST BE USED FOR
ALL HAZARDOUS WASTE SHIPMENTS.

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1	Manifest Document No. 9 7 0 0 2	2. Page of 1	Information in the shaded areas is required by State law.
3. Generator's Name and Mailing Address Air Capitol Plating 1702 S Knight Wichita, KS 67213 316 943-0731		6. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9		12. Containers Number Type 007BA 14,000 P 001BA 02,000 P	
4. Generator's Phone () 316 943-0731		8. US EPA ID Number		13. Total Quantity	
5. Transporter 1 Company Name Essex Waste Management Inc.		10. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9		14. Unit WVol.	
7. Transporter 2 Company Name 4		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259] b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, PG II, (D006, D007), RQ=10 LBS. Approval Number [96-04370]		15. Special Handling Instructions and Additional Information IN CASE OF EMERGENCY CONTACT CHEMTREC: 800-424-9300. IF UNDELIVERABLE CONTACT GENERATOR. ERG-A & B) 171 & LDR ATTACHED. AFTER PICKUP FAX A SIGNED MANIFEST COPY TO 816-732-6200. ATTN: KRISTEL	
9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.		17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259] b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, PG II, (D006, D007), RQ=10 LBS. Approval Number [96-04370]		18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year		19. Discrepancy Indication Space	
13. Total Quantity		20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Month Day Year		21. Date	

THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEM TREC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-674-2436
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Form Approved OMB No 2050-0039. Expires 9-30-99

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 9 7 0 0 3		Manifest Document No. 97003		2. Page 1 of 1		Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address Air Capitol Plating 1702 S Knight Wichita, KS 67213				4. Generator's Phone (316) 943-0731		A. Missouri Manifest Document Number 0 2 8 1 5 1 0 0 0 3			
5. Transporter 1 Company Name Essex Waste Management Inc.				6. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9		B. G.S.I. (Gen. Site Address) SAME			
7. Transporter 2 Company Name 4				8. US EPA ID Number _____		C. MO. Trans. ID H-1949 913-648-NO.			
9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061				10. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9		D. Transporter's Phone (816) 732-5561			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))				12. Containers		13. Total Quantity		14. Unit Wt/Vol.	
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]				Number Type 0.04 BA 06,4.00 P				EPA WASTE CODE D 0 0 7	
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, PG II, (D006, D007), RQ=10 LBS. Approval Number [96-04370]				0.02 BA 03,2.00 P				STATE N O N E	
c.								EPA WASTE CODE _____	
d.								STATE _____	
Additional Descriptions for Materials Listed Above				HANDLED CODE (FACILITY USE ONLY)		INTERIM		FINAL	
D008, F005, D006, D007, D009, D010, D011, D012, D013, D014, D015, D016, D017, D018, D019, D020, D021, D022, D023, D024, D025, D026, D027, D028, D029, D030, D031, D032, D033, D034, D035, D036, D037, D038, D039, D040, D041, D042, D043, D044, D045, D046, D047, D048, D049, D050, D051, D052, D053, D054, D055, D056, D057, D058, D059, D060, D061, D062, D063, D064, D065, D066, D067, D068, D069, D070, D071, D072, D073, D074, D075, D076, D077, D078, D079, D080, D081, D082, D083, D084, D085, D086, D087, D088, D089, D090, D091, D092, D093, D094, D095, D096, D097, D098, D099, D100, D101, D102, D103, D104, D105, D106, D107, D108, D109, D110, D111, D112, D113, D114, D115, D116, D117, D118, D119, D120, D121, D122, D123, D124, D125, D126, D127, D128, D129, D130, D131, D132, D133, D134, D135, D136, D137, D138, D139, D140, D141, D142, D143, D144, D145, D146, D147, D148, D149, D150, D151, D152, D153, D154, D155, D156, D157, D158, D159, D160, D161, D162, D163, D164, D165, D166, D167, D168, D169, D170, 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PRE-[02720][01]

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHUM TREE 1-800-424-9700	DEPT. OF NATURAL RESOURCES 571-634-2436
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Form Approved OMB No 2050-0039. Expires 9-30-99

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1	Manifest Document No. 97004	2. Page <u>1</u> of <u>1</u>	Information in the shaded areas is required by State law.
3. Generator's Name and Mailing Address Air Capitol Plating 1702 S Knight Wichita, KS 67213				A. Missouri Manifest Document Number 0 2 8 1 5 1 [REDACTED] 0 0 0 4	
4. Generator's Phone (316) 943-0731				B. G.S.I. (Gen. Site Address) SAME	
5. Transporter 1 Company Name Essex Waste Management Inc.		6. US EPA ID Number M 0 D 9 8 0 9 6 2 8 4 9		C. MO. Trans. ID H-1949 (913-648-MO)	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (816) 732-5561	
				E. MO. Trans. ID	
				F. Transporter's Phone	
9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061		10. US EPA ID Number M 0 D 9 8 0 9 6 2 8 4 9		G. State Facility's ID 0 0 4 0 3 7 / R R - 0 2 5 7	
				H. Facility's Phone (816) 732-5561	

11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	12. Containers		13. Total Quantity	14. Unit	15. Waste No.
	Number	Type		Wt/Vol.	
a. WASTE CHROMIC ACID SOLUTION, 8, UN1755, PG II, RQ=10 LBS. Approval Number [97-00936]	019	D.F	09,500	P	EPA WASTE CODE D 0 0 2 STATE N O N E
b. HAZARDOUS WASTE SOLID, NOS, 9, NA3077, PG II, (D006, D007), RQ=10 LBS. Approval Number [96-04370]	004	B.A	6,400	P	EPA WASTE CODE D 0 0 6 STATE N O N E
c. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]	007	B.A	11,200	P	EPA WASTE CODE D 0 0 7 STATE N O N E
d.					EPA WASTE CODE STATE

Material Descriptions for Materials Listed Above		HANDLING CODE (FACILITY USE ONLY)			COMMENTS
		INTERNAL	FINAL		
D007	19 X 58" 41-29 (P) Ceramic AGN Concentrate	510-1	T04		Treatment
D007	41 X 58" 41-29 (P) Ceramic AGN Concentrate	510-1	T04		Treatment
D008	41 X 58" 41-29 (P) Ceramic AGN Concentrate	510-1	T03		

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT CHEMTREC: 800-424-9300. IF UNDELIVERABLE *7/1/85*
CONTACT GENERATOR. ERG-A)154 B)171 C)171 & LDR ATTACHED.
AFTER PICKUP FAX A SIGNED MANIFEST COPY TO KRISTEL AT 816-732-6200. *(98648M)*

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
Curt Hone II	Curt Hone	05	13	91

TRANSPORT	17. Transporter 1 Acknowledgement of Receipt of Materials			Date
	Printed/Typed Name	Signature	Month	Day Year
	Ralph E. Hayes Jr on Behalf of Essex	Ralph E. Hayes Jr on Behalf of Essex	5	13 97
	18. Transporter 2 Acknowledgement of Receipt of Materials			Date

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

FACIL	1975-1976		1976-1977		1977-1978		1978-1979		1979-1980		1980-1981		1981-1982		1982-1983		1983-1984		1984-1985		1985-1986		1986-1987		1987-1988		1988-1989		1989-1990		1990-1991		1991-1992		1992-1993		1993-1994		1994-1995		1995-1996		1996-1997		1997-1998		1998-1999		1999-2000		2000-2001		2001-2002		2002-2003		2003-2004		2004-2005		2005-2006		2006-2007		2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017		2017-2018		2018-2019		2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025		2025-2026		2026-2027		2027-2028		2028-2029		2029-2030		2030-2031		2031-2032		2032-2033		2033-2034		2034-2035		2035-2036		2036-2037		2037-2038		2038-2039		2039-2040		2040-2041		2041-2042		2042-2043		2043-2044		2044-2045		2045-2046		2046-2047		2047-2048		2048-2049		2049-2050		2050-2051		2051-2052		2052-2053		2053-2054		2054-2055		2055-2056		2056-2057		2057-2058		2058-2059		2059-2060		2060-2061		2061-2062		2062-2063		2063-2064		2064-2065		2065-2066		2066-2067		2067-2068		2068-2069		2069-2070		2070-2071		2071-2072		2072-2073		2073-2074		2074-2075		2075-2076		2076-2077		2077-2078		2078-2079		2079-2080		2080-2081		2081-2082		2082-2083		2083-2084		2084-2085		2085-2086		2086-2087		2087-2088		2088-2089		2089-2090		2090-2091		2091-2092		2092-2093		2093-2094		2094-2095		2095-2096		2096-2097		2097-2098		2098-2099		2099-2100		2100-2101		2101-2102		2102-2103		2103-2104		2104-2105		2105-2106		2106-2107		2107-2108		2108-2109		2109-2110		2110-2111		2111-2112		2112-2113		2113-2114		2114-2115		2115-2116		2116-2117		2117-2118		2118-2119		2119-2120		2120-2121		2121-2122		2122-2123		2123-2124		2124-2125		2125-2126		2126-2127		2127-2128		2128-2129		2129-2130		2130-2131		2131-2132		2132-2133		2133-2134		2134-2135		2135-2136		2136-2137		2137-2138		2138-2139		2139-2140		2140-2141		2141-2142		2142-2143		2143-2144		2144-2145		2145-2146		2146-2147		2147-2148		2148-2149		2149-2150		2150-2151		2151-2152		2152-2153		2153-2154		2154-2155		2155-2156		2156-2157		2157-2158		2158-2159		2159-2160		2160-2161		2161-2162		2162-2163		2163-2164		2164-2165		2165-2166		2166-2167		2167-2168		2168-2169		2169-2170		2170-2171		2171-2172		2172-2173		2173-2174		2174-2175		2175-2176		2176-2177		2177-2178		2178-2179		2179-2180		2180-2181		2181-2182		2182-2183		2183-2184		2184-2185		2185-2186		2186-2187		2187-2188		2188-2189		2189-2190		2190-2191		2191-2192		2192-2193		2193-2194		2194-2195		2195-2196		2196-2197		2197-2198		2198-2199		2199-2200		2200-2201	
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20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Date	
Printed/Typed Name	Signature	Month	Day Year
Chris Stinson for FLO	Chris Stinson	10	05/13/19



HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1 800 424 8802	CHEMTREC 1 800 424 9300	DEPT. OF NATURAL RESOURCES 573 631 2476
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Form Approved OMB No 2050-0039. Expires 9-30-99

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 1 9 7 0 0 5		2. Page 1 of 1 Manifest Document No. 01		Information in the shaded areas is required by State law.		
3. Generator's Name and Mailing Address Air Capitol Plating 1702 S Knight Wichita, KS 67213 4. Generator's Phone (316) 943-0731				A. Missouri Manifest Document Number 0 2 8 1 6 1 0 0 0 5				
5. Transporter 1 Company Name Essex Waste Management Inc. 6. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9				B. G.S.I. (Gen. Site Address) SAME C. MO. Trans. ID H-1949 913-648 mo. D. Transporter's Phone (816) 732-5561				
7. Transporter 2 Company Name 8. US EPA ID Number				E. MO. Trans. ID				
9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061 10. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9				F. Transporter's Phone G. State Facility ID 0 0 4 0 3 7 7 R R - 0 2 5 7 H. Facility's Phone (816) 732-5561				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))				12. Containers Number	Type	13. Total Quantity	14. Unit W/Vol.	I. Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]				006	BA	9.600	BA	EPA WASTE CODE D 0 8 7 STATE D O N E
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, (D006, D007), RQ=10 LBS. Approval Number [96-04370]				004	BA	80.00	BA	EPA WASTE CODE D 0 8 6 STATE D O N E
c.								EPA WASTE CODE STATE
d.								EPA WASTE CODE STATE
J. Additional Descriptions for Materials Listed Above				K. HANDLING CODE (FACILITY USE ONLY)		L. COMMENTS		
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EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEM TREC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-634-2436
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See print or type (Form designed for use on ellipse (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 9 7 0 0 6		Manifest Document No. 9 7 0 0 6		2. Page 1 of 1		Information in the shaded areas is required by State law.													
3. Generator's Name and Mailing Address Air Capital Plating 1702 S Knight Wichita, KS 67213 316 943-0731				6. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9		A. Missouri Manifest Document Number 0 2 8 1 6 1 0 0 0 6															
4. Generator's Phone 5. Transporter 1 Company Name Essex Waste Management Inc.				8. US EPA ID Number		B. G.S.I. (Gen. Site Address) SAME															
7. Transporter 2 Company Name 4				10. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9		C. MO. Trans. ID H-1949 (913-648-7001) D. Transporter's Phone (816) 732-5561 E. MO Trans. ID F. Transporter's Phone G. State Facility's ID 0 0 4 0 3 7 / R R - 0 2 5 7 H. Facility's Phone (816) 732-5561															
9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061																					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit W/Vol.		I. Waste No.									
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]						X 12 BA				P		EPA WASTE CODE D 0 0 7 STATE I D O N E									
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, (D006, D007), RQ=10 LBS. (CADMIUM, CHROMIUM) Approval Number [96-04370]						X 1 BA				P		EPA WASTE CODE D 0 0 6 STATE I D O N E									
c.												EPA WASTE CODE STATE									
d.												EPA WASTE CODE STATE									
J. Additional Descriptions for Materials Listed Above						K. HANDLING CODE (FACILITY USE ONLY)						COMMENTS									
a. D008, F006 12 X 1 cubic yards Super Sacks #8-14, 16-20						S I D 1 T I D 3						Treatment									
b. D007 1 X 1 cubic yard Super Sacks #15						S I D 1 T I D 4															
c.																					
d.																					
15. Special Handling Instructions and Additional Information IN CASE OF EMERGENCY CONTACT CHEMTREC: 1-800-424-9300. IF UNABLE TO DELIVER CONTACT GENERATOR. ERG - (A 171) (B 171) (C) D) TRI#85 913-648-7001																					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.																					
Printed/Typed Name X ROBERT P. BAILEY						Signature X [Signature]						Month Day Year 10/8/1997									
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Ralph E. Hayes Jr on behalf of Essex						Signature Ralph E. Hayes Jr on behalf of Essex						Month Day Year 10/8/1997									
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature						Month Day Year									
19. Discrepancy Indication Space																					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name JOE SOLES														Signature [Signature]						Month Day Year 10/8/1997	

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-RR02	CH2M TRFC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-634-2436
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PRE-[03167][01]

Form Approved OMB No 2050-0039. Expires 9-30-99

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K1S1D1017131313101911		Manifest Document No. 197007		2. Page 1 of 1		Information in the shaded areas is required by State law.					
3. Generator's Name and Mailing Address Air Capitol Plating 1702 S Knight Wichita, KS 67213 4. Generator's Phone (316) 943-8731				A. Missouri Manifest Document Number 01218111511 0101017				B. G.S.I. (Gen. Site Address) SAME					
5. Transporter 1 Company Name Essex Waste Management Inc.				6. US EPA ID Number M101D191810191612181419				C. MO. Trans. ID 11949 (913-648-170)					
7. Transporter 2 Company Name 4				8. US EPA ID Number				D. Transporter's Phone (816) 732-5561					
9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061				10. US EPA ID Number M101D191810191612181419				E. MO. Trans. ID					
								F. Transporter's Phone					
								G. State Facility's ID 004037 / RR-0257					
								H. Facility's Phone (816) 732-5561					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol.		I. Waste No.	
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]						010 BA		16,000		P		EPA WASTE CODE D 10 10 17 STATE N 10 IN IE	
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, (D006, D007), RQ=10 LBS. Approval Number [95-04370]						004 BA		18,000		P		EPA WASTE CODE D 10 10 16 STATE N 10 IN IE	
c.												EPA WASTE CODE STATE	
d.												EPA WASTE CODE STATE	
15. Special Handling Instructions and Additional Information In case of emergency contact Chemtrec: 1-800-424-9300. If unable to deliver contact generator. ERG-A)171 B)171 & LDR attached						HANDLING CODE (FACILITY USE ONLY) 510-1TD13						COMMENTS	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						Printed/Typed Name ROBERT P. BAILEY		Signature Robert P. Bailey		Month Day Year 09/23/97			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Ralph E. Hayes Jr		Signature Ralph E. Hayes Jr		Month Day Year 09/23/97			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Printed/Typed Name Chris Stringer For Essex		Signature Chris Stringer		Month Day Year 09/24/97			

HAZARDOUS WASTE MANIFEST

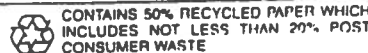
THIS DOCUMENT MUST BE USED FOR ALL MISSOURI DESTINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHFM TRFC 1-800-474-9700	DEPT. OF NATURAL RESOURCES 573-674-2436
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Please print or type (Form designed for use on 11lb (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 9 7 0 0 8		Manifest Document No. 197008		2. Page of 01		Information in the shaded areas is required by State law.					
3. Generator's Name and Mailing Address Air Capitol Plating 1702 S Knight Wichita, KS 67213				A. Missouri Manifest Document Number 0 2 8 1 6 1 0 0 0 8									
4. Generator's Phone (316) 943-0731				B. G.S.I. (Gen. Site Address) SAME									
5. Transporter 1 Company Name Essex Waste Mgmt. Svcs. Inc.				6. US EPA ID Number M 0 0 9 8 0 9 6 2 8 4 9		C. MO. Trans. ID H-1949-(913-648-MO)							
7. Transporter 2 Company Name 4				8. US EPA ID Number		D. Transporter's Phone 816-732-5561							
9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061				10. US EPA ID Number M 0 0 9 8 0 9 6 2 8 4 9		E. MO. Trans. ID							
						F. Transporter's Phone							
						G. State Facility's ID 0 0 4 0 3 7 / R R - 0 2 5 7							
						H. Facility's Phone (816) 732-5561							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol.		I. Waste No.	
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]						0 0 8 B A 0 8 0 0 0 P						EPA WASTE CODE 7 STATE D N E	
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, D006, D007), RQ=10 LBS. Approval Number [96-04370]						0 0 6 B A 1 2 0 0 0 P						EPA WASTE CODE 6 STATE D N E	
c.												EPA WASTE CODE STATE	
d.												EPA WASTE CODE STATE	
15. Special Handling Instructions and Additional Information IN CASE OF EMERGENCY CONTACT CHEMTREC: 1-800-424-9300. IF UNABLE TO DELIVER CONTACT GENERATOR. AFTER PICKUP FAX A SIGNED COPY OF MANIFEST TO KATIE AT 1-816-732-6200. ERG-A)171 B)171 & LDR ATTACHED. Tr 1 #85(913-648-MO)						HANDLING CODE (FACILITY USE ONLY) K RECEIVED DATE TIME		FINAL DATE TIME		COMMENTS Treatment			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						Printed/Typed Name ROBERT P. BAILEY		Signature Robert P. Bailey		Month Day Year 11/22/97			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Ralph E. Hayes Jr ON BEHALF/Essex		Signature Ralph E. Hayes Jr ON BEHALF/Essex		Month Day Year 11/22/97			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space 13.a: TOTAL QUANTITY should READ 07064. 13.b: TOTAL QUANTITY should READ 05298. CORRECTIONS MADE PER JEFF UBBEN.													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Printed/Typed Name Chris Stringer FOR ESSEX		Signature Chris Stringer		Month Day Year 10/12/97			



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Bureau of Waste Management

P.O. Box 8550

Harrisburg, PA 17105-8550

OFFICIAL PENNSYLVANIA MANIFEST FORM

Form approved
OMB No. 2050-0099
Expires 9-30-99

BR-WM-81 REV. 10/94

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.2. Page 1
of 1Information within the blue border is not
required by Federal law but may be
required by State law.

3. Generator's Name and Mailing Address

AER CAPITAL PLATING, INC
1702 SOUTH KNEIGHT
WICHITA, KS 67213
(316) 943-0731

A. State Manifest Document Number

PAE 5191270

B. State Gen. ID

4. Transporter 1 Company Name

METALWORK ENVIRONMENTAL INTL INC

5. US EPA ID Number

PA 0010392

C. State Trans. ID

PA-AH

7. Transporter 2 Company Name

6. US EPA ID Number

D. Transporter's Phone (419) 596-6628

E. State Trans. ID

PA-AH

8. Designated Facility Name and Site Address

INMETCO
ROUTE 430
SILWOOD CITY, PA 16117

10. US EPA ID Number

PA 0087561015

F. Transporter's Phone (714) 332-6848

G. State Facility's ID

H. Facility's Phone (814) 332-6848

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

HAZARDOUS WASTE LIQUID, NOS., 9, HAZ002, P&III,
(CHROMIUM) RQ: D007.12. Containers
No. Type

001 TT

13. Total
Quantity

3000

14. Unit
Wt/Vol

G

15. Waste No.

D007

J. Additional Descriptions for Materials Listed Above

Lab Pack

Physical State

Lab Pack

Physical State

K. Handling Codes for Wastes Listed Above

16. Special Handling Instructions and Additional Information

EMERGENCY RESPONSE GUIDES # 171
INMETCO SALES ORDER # 104683
INMETCO PROFILE # PS2119
24-HOUR EMERGENCY CONTACT PHONE # (316) 357-2282

16. GENERATOR'S CERTIFICATION:

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Charles B. Hall

Signature

Charles B. Hall

MONTH DAY YEAR

10 30 97

17. Transporter 1 Signature and Printed Name

Printed/Typed Name

Darryl Fendley

Signature

Darryl Fendley

MONTH DAY YEAR

10 30 97

18. Transporter 2 Signature and Printed Name

Printed/Typed Name

Signature

MONTH DAY YEAR

19. Discrepancy Indication Space

34260# NO PA-AH# in Section C
PA AH-034%

20. Facility owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Joel Hill

Signature

Joel Hill INMETCO

MONTH DAY YEAR

11 03 97

DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102
573-751-3178

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEMTREC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-631-2436
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PRE-[03477][02]

Form Approved OMB No 2050-0039. Expires 9-30-00

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K1 S1 D1 07133213081197009		Manifest Document No. 197009		2. Page 02 of 02		Information in the shaded areas is required by State law.					
3. Generator's Name and Mailing Address Air Capitol Plating 1702 S Knight Wichita, KS 67213 4. Generator's Phone 316 943-0731						A. Missouri Manifest Document Number 021811511 010019							
5. Transporter 1 Company Name Essex Waste Management Inc.						B. G.S.I. (Gen. Site Address) SAME							
6. US EPA ID Number M1 D1 D1 91810191612181419						C. MO. Trans. ID H-1949 (913-648-MW)							
7. Transporter 2 Company Name 4						D. Transporter's Phone (816) 732-5561							
8. US EPA ID Number						E. MO. Trans. ID							
9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061						F. Transporter's Phone							
10. US EPA ID Number M1 D1 D1 91810191612181419						G. State Facility's ID 004037 / RR - 0257							
H. Facility's Phone (816) 732-5561													
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol.		I. Waste No.	
a. WASTE FLAMMABLE SOLID, ORGANIC, N.O.S., 4.1, UN1325, PG III, (LEAD, CHROME) RQ=10 LBS. Approval Number [97-04029]						000		000		000		EPA WASTE CODE D101011	
b. HAZARDOUS WASTE Liquid, N.O.S., 9, NA3082, III, (DMD, FOO) RQ = 100 LBS., 97-04030						002		DM		7.00		P EPA WASTE CODE D1040	
c.												STATE N O N E	
d.												EPA WASTE CODE STATE	
15. Special Handling Instructions and Additional Information IN CASE OF EMERGENCY CONTACT CHEMTREC: 1-800-424-9300. IF UNABLE TO DELIVER CONTACT GENERATOR. AFTER PICKUP FAX A SIGNED COPY OF MANIFEST TO KATIE AT 1-816-732-6200. ERG-A)133 & LDR ATTACHED. Essex Trailer 85 (913-648-MW)						K. HANDLING CODE (FACILITY USE ONLY)		BETTER		FINAL		COMMENTS	
NOT SHIPPED WITH DATED SLIP						a.		b.		c.		d.	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature David C. Duke		Month 11		Day 29		Year 1997	
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature Ralph E. Hayes Jr. on Behalf of Essex Waste Management Inc.		Month 12		Day 01		Year 1997	
19. Discrepancy Indication Space MANIFEST DOCUMENT NUMBER SHOULD READ 97010 PER QAT H-1111.													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Signature Chris Stringer FOR ESSEX		Month 11		Day 29		Year 1997	



DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI DESTINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEETEMERGENCY
RESPONSEU.S. COAST GUARD
1-800-424-8802CHEMTREC
1-800-424-9300DEPT. OF NATURAL
RESOURCES
573-751-3176

PRE-[034771][011]

Form Approved OMB No 2050-0039. Expires 9-30-99

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 9 7 0 0 9		2. Page 1 of 2		Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address Air Capitol Plating 1702 S Knight Wichita, KS 67213		6. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9		A. Missouri Manifest Document Number 0 2 8 1 6 1 0 0 0 9		B. G.S.I. (Gen. Site Address) SAME	
4. Generator's Phone (316) 943-0731		8. US EPA ID Number		C. MO. Trans. ID H-1949(913-648-MO)		D. Transporter's Phone (816) 732-5561	
5. Transporter 1 Company Name Essex Waste Management Inc.		10. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9		E. MO. Trans. ID		F. Transporter's Phone	
7. Transporter 2 Company Name		9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061		G. State Facility's ID 0 0 4 0 3 7 / R R - 0 2 5 7		H. Facility's Phone (816) 732-5561	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))				12. Containers	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD) RQ=10 LBS. Approval Number [95-03259]				Number 14	Type X		EPA WASTE CODE D 0 0 7
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, (D006, D007) RQ=10 LBS. Approval Number [96-04370]				Number 14	Type X		EPA WASTE CODE D 0 0 6
c. HAZARDOUS WASTE, LIQUID, N.O.S., 9, NA3082, III, (D040, F001) RQ=100 LBS. Approval Number [97-04030]				Number 14	Type X		EPA WASTE CODE D 0 4 0
d. WASTE PAINT RELATED MATERIAL, 3, UN1263, PG III, RQ=100 LBS. Approval Number [97-04028]				Number 14	Type X		EPA WASTE CODE D 0 0 1
Additional Description of Materials Listed Above				HANDLING CODE (FACILITY USE ONLY)			
D008				5 D 1 T 0 3			
D007				5 D 1 T 0 4			
F001				5 D 1 T 0 4			
D001				5 D 1 T 5 0			
15. Special Handling Instructions and Additional Information IN CASE OF EMERGENCY CONTACT CHEMTREC: 1-800-424-9300. IF UNABLE TO DELIVER: CONTACT GENERATOR. AFTER PICKUP FAX A SIGNED COPY OF MANIFEST TO KATIE AT 1-816-732-6200. ERG-A)171 B)171 C)171 D)127 & LDR ATTACHED. Essex TR 85(913-648-MO)							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.				Signature DAVID C. DUKE			
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Ralph E. Hayes Jr. on Behalf of Essex Waste Management Inc.			
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature Chris Stringer FOR ESSEX			
19. Discrepancy Indication Space 11.d: DOT Description should read RQ, Waste Paint, 3, UN1263, PG III with Approval Number 97-03866 per Curt Howell. MANIFEST Document Number should read 97010 PER CURT HOWELL.				Date 12/01/97			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				Date 11/21/1997			



HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI DEFINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

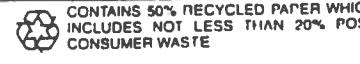
EMERGENCY RESPONSE	U.S. COAST GUARD 1 800 424 8802	CHARTERED 1 800 424 8800	DEPT. OF NATURAL RESOURCES 573 751 3176
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PRE-[03585][01]

Form Approved OMB No 2050-0039. Expires 9-30-99

ease print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K, S, D, 0, 7, 3, 3, 2, 3, 0, 8, 119, 7, 0, 1, 1		Manifest Document No. 119, 7, 0, 1, 1		2. Page 1 of 1		Information in the shaded areas is required by State law.					
3. Generator's Name and Mailing Address Air Capitol Plating 1702 S Knight Wichita, KS 67213		4. Generator's Phone (316) 943-0731		5. Transporter 1 Company Name Essex Waste Mgmt Svcs Inc.		6. US EPA ID Number MO0980962849		A. Missouri Manifest Document Number 02816100010					
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address Essex Waste Management Inc. 1483 SW 58 Highway Kingsville, MO 64061		10. US EPA ID Number MO0980962849		B. G.S.I. (Gen. Site Address) SAME C. MO. Trans. ID A-1449(913-648-MO) D. Transporter's Phone 816-732-5561 E. MO. Trans. ID F. Transporter's Phone G. State Facility's ID 004037 / RR - 0257 H. Facility's Phone (816) 732-5561					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))						12. Containers		13. Total Quantity		14. Unit W/Vol		I. Waste No.	
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]						Number Type		Quantity		Unit W/Vol		EPA WASTE CODE D 0 0 7 STATE N O N E	
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, (B006, B007) RQ=10 LBS. (CADMIUM, CHROMIUM) Approval Number [96-04370]						Number Type		Quantity		Unit W/Vol		EPA WASTE CODE D 0 0 6 STATE N O N E	
c. WASTE PAINT RELATED MATERIALS 13, UN1263, P6III (CHROMIUM, LEAD), RQ=10 LBS. APPROVAL NUMBER 97-03866						Number Type		Quantity		Unit W/Vol		EPA WASTE CODE D 0 0 1 STATE N O N E	
d.						Number Type		Quantity		Unit W/Vol		EPA WASTE CODE STATE	
15. Special Handling Instructions and Additional Information						16. CONTAINER CODE (FACILITY USE ONLY)		17. COMMENTS		18. COMMENTS		19. COMMENTS	
IN CASE OF EMERGENCY CONTACT CHEMTREC: 800-424-9300. IF UNDELIVERABLE CONTACT GENERATOR. ERG-A & B 171 & C 127 XCM AFTER PICKUP FAX A SIGNED MANIFEST COPY TO KATIE AT 816-732-6200. 24 HOUR EMERG. CONTACT # (316) 259-0282 Essex Tel 1485(913-648-MO)						TID 3		TID 4		TID 5		Treatment	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						Signature		Month		Day		Year	
Printed/Typed Name Curtis B. Howell						Signature Curtis B. Howell		12		18		1997	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature		Month		Day		Year	
Printed/Typed Name Ralph E. Hayes Jr on Behalf of Essex						Signature Ralph E. Hayes Jr on Behalf of Essex		12		18		1997	
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature		Month		Day		Year	
Printed/Typed Name						Signature		Month		Day		Year	
19. Discrepancy Indication Space						Signature		Month		Day		Year	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Signature		Month		Day		Year	
Printed/Typed Name RONALD J SULLIVAN JR						Signature Ronald J Sullivan Jr		12		18		1997	



ATTACHMENT 2

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name <i>Air Capital Plating</i>	
Facility Address <i>1702 S. Knight, Wichita, KS</i>	
Inspector (print) <i>Paul Beatty</i>	
U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66115	Date <i>1/13/99</i>

The United States Environmental Protection Agency (EPA) is obligated, under the Freedom of Information Act, to release information collected during inspections to persons who submit requests for that information. The Freedom of Information Act does, however, have provisions that allow EPA to withhold certain confidential business information from public disclosure. To claim protection for information gathered during this inspection you must request that the information be held CONFIDENTIAL and substantiate your claim in writing by demonstrating that the information meets the requirements in 40 CFR 2, Subpart B. The following criteria in Subpart B must be met:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. No statute specifically requires disclosure of the information.
3. Disclosure of the information would cause substantial harm to your company's competitive position.

Information that you claim confidential will be held as such pending a determination of applicability by EPA.

I have received this Notice and <u>DO NOT</u> want to make a claim of confidentiality at this time.	
Facility Representative Provided Notice (print) <i>Curt Howell</i>	Signature/Date <i>Curt Howell</i> <i>1/13/99</i>

I have received this Notice and <u>DO</u> want to make a claim of confidentiality.	
Facility Representative Provided Notice (print)	Signature/Date

Information for which confidential treatment is requested:

ATTACHMENT 3

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name	Air Capital Plating
Facility Address	1702 S. Knight, Wichita, KS

Documents Collected? YES ☒ (list below) NO ☐

Samples Collected? YES ☐ (list below) NO ☒ Split Samples: YES ☐ NO ☐

Documents/Samples were: 1) Received no charge ☒ 2) Borrowed ☐ 3) Purchased ☐

Amount Paid: \$ Method: Cash ☐ Voucher ☐ To Be Billed ☐

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

MSD Sheets - 27 pages

Bi-annual report for haz waste - 20 pages

[The following section is crossed out with a large X.]

Facility Representative (print)	Signature/Date
Curt Howell	<i>[Signature]</i> 1/13/99
Inspector (print)	Signature/Date
Paul Beatty	<i>[Signature]</i> 1/13/99
U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66119	

ATTACHMENT 4

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

PROCESS SUMMARY SHEET

Date: 1/13/99
 Source Name: Air Capitol Plating
 Source Address: 1702 Knight, Wichita, KS
 Telephone #: 316/943-0731
 Process: Finishing aircraft parts
 Participants: See report

Inspector: Paul Beatty
 Time In: 8:45am Time Out: 1:00pm
 Temperature: 10°F Cloud Cover: partly
 Wind Speed: 10-15 mph Direction: NW
 AFS #: 20-173-00152
 SIC #: 3471

EP#	EMISSION POINT/ SOURCE DESCRIPTION	DATE *	OPERATING (Y/N), CURRENT PROCESS RATE & SCHEDULE	RATED PROCESS RATE (& BASELINE)	CONTROL DEVICE(CD)	CD OPERATING PARAMETER (& BASELINE)	V.E. - % (&BASELINE)
	Cadmium Plating Cadmium/Titanium Plating Copper Plating Zinc Plating	-	yes	-	Scrubber	ok	0
	Chromium Anodizing	-	yes	1450 gallon tank	Packed bed scrubber	dP=1.3 "H ₂ O vP=0.27 "H ₂ O	0
	Vapor Degreasers (2)	-	#1 and #2 idling	TCE	Cover	ok	-
	Paint Stripping	-	no, are contracting out	-	none	-	-
	Paint Room #1 Booths 1,2,3,4	<94	All-yes 3 oven-steam	-	1-stage dry paper filters	1. 0.16 "H ₂ O 2. 0.13 "H ₂ O 3. 0.25 "H ₂ O 4. 0.15 "H ₂ O	0
	Paint Room #2 Booths 5,6,7	5/97	All-yes 2 ovens-steam	-	2-stage dry filters	5. 0.25 "H ₂ O 6. 0.60 "H ₂ O 7. 0.35 "H ₂ O	0
	Paint Room #3 Booths 8,9,10	6/98	8,10-yes 2 ovens-steam	-	3-stage dry filters	8. 0.4 "H ₂ O 9. -- "H ₂ O 10. 0.5 "H ₂ O	0
	Burn-off Oven	3/94	no	Natural gas	none	-	-
	Passivant Line	-	yes	-	Scrubber	ok	0
	Boilers (2)	-	#1 repair #2 yes	Natural gas	none	-	0
	Distillation	-	yes	MEK TCE	none	-	0
	Shotpeening & Sandblasting	-	no	-	self-contained	-	-
	Aluminum Line #1	-	yes	-	Scrubber	ok	0

* Specify event (construction contract/start, install, startup, modification, etc) and date, relevant to applicable regulation.

NOTE: Record specific pollutant information on Emission Evaluation Sheet

PSS6PORT:(rev:2/24/98)

ATTACHMENT 5

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
EMISSION EVALUATION SHEET

Page 1 of 1

Date: 1/13/99

Source Name: Air Capitol Plating

Inspector: Paul Beatty

EMISSION POINT/ SOURCE DESCRIPTION	REGULATION/ PERMIT • (TYPE/DATE)	REGULATED POLLUTANT	•	EMISSION LIMIT or REQUIREMENT	BASELINE EMISSION PARAMETERS	CURRENT EMISSION RATE / REQUIREMENT	• •	COMPLIANCE METHOD	COMPLIANCE DETERMINED- INIT.& LAST	CURRENT ENFORCE. ACTIVITY
All Visible Emissions	KAR 28-19-50(B)	VE		20% opacity	-	<20 % opacity		RM9	current	none
Cleaning	40 CFR 63, Subpart GG	HAP		Table 1 or keep in closed container	MEK	Keep in closed containers		Inspect	current	none
Hand-wipe Cleaning				1. Since using MEK, use 60% solvent reduction. 2. Monthly usage records.	MEK	1. No 60% reduction. 2. No exact records		Records	current	none
Spray Gun Cleaning				1. Atomized cleaning w/capture	MEK	1. No emissions capture		Equipment	current	none
Primer/Topcoat				1. HVLP 2. Uncontrolled coatings <350/420 g/l 3. Monthly emission record 4. 2/3-stage filters 5. Usage/spec records 6. Pressure drop measure 7. Pressure drop records		1. Not all HVLP 2. >350/420 g/l, w/no control 3. NO 4. NO 5. Yes 6. Yes 7. NO		1. Equipment 2. Records 3. Records 4. Equipment 5. Records 6. Inspect 7. Records	current	none
Depainting/maskant				not applicable						
Notifications				Initial notification		NO		Not. or T5		none
Paint Booths 8,9,10	Construction Permit	HAP/VOC		Various, similar to GG						
Chromium Anodizing		Chrome		Testing 0.01 mg/dscm	dP=1.05"H2O VP=0.285"H2O	0.00034 mg/dscm dP=1.3 "H2O VP=0.27 "H2O		test	7/29-8/1/97	no
				RECORDKEEPING: 1. Tank operating time 2. O & M Plan 3. Inspection/Maintenance		1.NO 2.yes 3.yes		records	current	no
Degreasing	40 CFR 63, Subpart T	HAP		Notifications		yes		records	current	no
				Freeboard Refrigeration	<57°F	51/48°F		testing records	current	no
				Freeboard Ratio > 1.0		2.28		test, records	current	no
				Hoist Speed < 11 fpm		<9.4/9.5 fpm		test, records	current	no
				Reduced draft < 50 fpm		<48/45 fpm		test, records	current	no

* Complete Applicability Checklist(APC) and write the APPLICABILITY CHECKLIST ATTACHMENT I.D. number in column.

** Write the SUPPORTING DOCUMENT ATTACHMENT I.D. number in column.

ATTACHMENT 6

May 29, 1998

Cathy Watson
KDHE
Bureau of Air and Radiation
Building 283, Forbes Field
Topeka, Kansas 66620-0001

Dear Ms. Watson,

Enclosed is the completed 1997 Kansas Air Emissions Inventory Report for Air Capitol Plating, Inc. Also enclosed is a check for \$ 637.00 for the emission fee.

If you have any questions about the report, please don't hesitate to call me at (316) 943-0731.

Sincerely,

A handwritten signature in cursive script, appearing to read "Curtis Howell".

Curtis Howell
Air Capitol Plating, Inc.

**Kansas Department of Health and Environment**
1997 EMISSIONS INVENTORY*June**Coded 9/11/91***1. Source Information**Source I.D. Number 1730152

Source Name: AIR CAPITOL PLATING, INC.			
Source Street Address: 1702 SOUTH KNIGHT			
City: WICHITA		State: KS	Zip: 67213
Source Mailing Address: 1702 S. KNIGHT			
City: WICHITA		State: KS	Zip: 67213
Standard Industrial Classification (SIC) Code:	3471		

2. Contact Person (fees)

(Address may be left blank if same as listed in item 1.)

Name: KEITH DIAL			
Company Name:			
Mailing Address:			
City:		State:	Zip:
Telephone #:		FAX #:	
E-mail:			

3. Contact Person (emissions inventory)

(If different from individual listed in item 2.)

Name: CURTIS HOWELL			
Company Name: AIR CAPITOL PLATING, INC.			
Mailing Address: 1702 S. KNIGHT			
City: WICHITA		State: KS	Zip: 67213
Telephone: (316) 943-0731		FAX: (316) 943-1028	
E-mail:			

4. Mailing address for fee forms and correspondence:

Please send correspondence to address indicated below:

(Indicate address which is listed on page 1 or list a different address)

Use address listed in item 1	X
Use address listed in item 2	
Use address listed in item 3	

(Use name and address listed below:)

If address listed on item 1 is incorrect, please list correct information here.

Name:		
Company Name:		
Mailing Address:		
City:	State:	Zip:
Telephone:	FAX:	
E-mail:		

This completed form shall be signed by a responsible official or the person most directly responsible for the compilation of the submitted information.

I hereby certify that I am familiar with and have personally examined the information and statements contained in these documents to be true, accurate and complete. I am aware that knowingly making a false statement or misrepresenting the facts presented in these documents is a violation of state law.

I understand that emissions inventory information is being provided to the EPA and that any non-confidential information may be made available, through EPA, to the public via the Internet or other electronic means.

Name of person completing form: CURTIS HOWELL	
Title: <i>compliance manager</i>	
Telephone: (316) 943-0731	
Signature: <i>Curtis Howell</i>	Date: <i>5-29-98</i>

Fully complete this form and worksheets used in the 1997 calendar year emissions inventory and fee calculation with the annual emissions fee payment and return by June 1, 1998 to:

Kansas Department of Health and Environment
Bureau of Air and Radiation
Bldg. 283, Forbes Field
Topeka, Kansas 66620-0001
Attn: Cathy Watson

If you have any questions, contact Barb Bangert at (785) 296-1582 or Andy Hawkins at (785) 296-6429.

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list <u>EACH</u> operating unit individually.
1	INDUSTRIAL EXTERNAL COMBUSTION BOILER (KEWANEE SCOTCH BOILER; NATURAL GAS) - MODEL # HM885, SERIAL # 20278, 10 MM BTU/HR
	INDUSTRIAL EXTERNAL COMBUSTION BOILER (AZTEC UNIT BURNER; NATURAL GAS) - MODEL # 5-5-1024, SERIAL # 13396, 10 MM BTU/HR

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier. Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used.

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
10200602	01	23.2 2/1	MILLION CUBIC FEET OF NATURAL GAS BURNED
	02		
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

Additional Processes should be listed on Worksheet 1a.

Emission Factor Method Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	1
SCC ID Number	01

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by the operating rate (from Worksheet 1 or 1a) to obtain emissions in units of pounds for NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, copy uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1-OE. Multiply 1-OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.	Column B.	**Column C.	Column D.	Column E. E=C x D	Column F. F= E/2000	Column G.	Column H. H=F x G
Criteria Pollutant	Emission Factor Origin	Emission Factor (lbs per unit of measurement)	Operating Rate (in units of measurement)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1-OE)	Estimated Emissions (tons)
NO _x	AP-42	140	23.2	3248	1.6	1	1.6
VOC	AP-42	2.8	23.2	65	.03	1	.03
PM ₁₀	AP-42	3.0	23.2	70	.03	1	.03
SO _x	AP-42	.6	23.2	14	.007	1	.007
TSP	-	-	-	-	-	-	-
CO	AP-42	35	23.2	812	.4	1	.4

Transfer the total NO_x, VOC, PM₁₀, SO_x, TSP, and CO emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included in the hazardous air pollutant emissions calculations.

**Please make sure each emission factor is given lbs. per unit of measurement

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list <u>EACH</u> operating unit individually.
2	ORGANIC SOLVENT EVAPORATION - OPEN TOP VAPOR DEGREASING; TRICHLOROETHYLENE

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier. Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used.

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
40100205	01	60,810 ⁷⁰⁻²	POUNDS OF TRICHLOROETHYLENE USED
	02		
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

Additional Processes should be listed on Worksheet 1a.

Material Balance Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number from Worksheet 1.

ID Number:	2
SCC ID Number(s)	01

In the Criteria Pollutant box enter the criteria pollutant the calculation applies to. Enter the total quantity of potential pollutant which enters the process or operation in the box for Q(added). Enter the total quantity of potential pollutant which becomes an integral part of the product in the box for Q(consumed). Enter the total quantity of the pollutant recovered in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided. Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If overall control efficiency is zero, copy the uncontrolled emissions in tons to space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space provided for estimated emissions.

Column A.	Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
Criteria Pollutant	Q(added) (pounds)	Q(consumed) (pounds)	Q(recovered) (pounds)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1 - OE)	Estimated Emissions (tons)
VOC	60,810	0	975	59,835	30	1	30

Transfer the total emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included in the hazardous air pollutant emissions calculations.

Material Balance Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	2
SCC ID Number	01

Calculate emissions for all HAPs, even if previously included in criteria pollutant emission calculation.

Enter the total quantity of HAPs which enters the process or operation in the box for Q(added). Enter the total quantity of potential HAPs which becomes an integral part of the product in the box for Q(consumed). Enter the total quantity of HAPs recovered for reuse in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided. Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If the overall control efficiency is zero, copy the uncontrolled emissions in tons to the space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space provided for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAP		Q(added) (pounds)	Q(consumed) (pounds)	Q(recovered) (pounds)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1-OE)	Estimated Emissions (tons)
Name	CAS#							
TRICHLOROETHYLENE	79016	60,810	0	975	59,835	30	1	30

Transfer the total emissions, pollutant by pollutant to Worksheet 10, Columns 1-5, using the same identification number that was used on this worksheet.

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list EACH operating unit individually.
3	SURFACE COATING OPERATIONS - SOLVENT BASE & PAINT THINNING OPERATIONS

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier. Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used.

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
40200101	01	36,046 $\frac{1}{2}$	$18,023$ POUNDS OF PAINT USED
40200918	02	13,166 $\frac{1}{2}$	POUNDS OF METHYL ETHYL KETONE USED (paint thinner)
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

Additional Processes should be listed on Worksheet 1a.

Material Balance Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number from Worksheet 1.

ID Number:	3
SCC ID Number(s)	01

In the Criteria Pollutant box enter the criteria pollutant the calculation applies to. Enter the total quantity of potential pollutant which enters the process or operation in the box for Q(added). Enter the total quantity of potential pollutant which becomes an integral part of the product in the box for Q(consumed). Enter the total quantity of the pollutant recovered in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided. Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If overall control efficiency is zero, copy the uncontrolled emissions in tons to space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space provided for estimated emissions.

Column A.	Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
Criteria Pollutant	Q(added) (pounds)	Q(consumed) (pounds)	Q(recovered) (pounds)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1 - OE)	Estimated Emissions (tons)
VOC	23,532	0	0	23,532	12	1	12

Transfer the total emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included in the hazardous air pollutant emissions calculations.

Material Balance Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	3
SCC ID Number	01

Calculate emissions for all HAPs, even if previously included in criteria pollutant emission calculation.

Enter the total quantity of HAPs which enters the process or operation in the box for Q(added). Enter the total quantity of potential HAPs which becomes an integral part of the product in the box for Q(consumed). Enter the total quantity of HAPs recovered for reuse in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided. Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If the overall control efficiency is zero, copy the uncontrolled emissions in tons to the space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space provided for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAP		Q(added) (pounds)	Q(consumed) (pounds)	Q(recovered) (pounds)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1-OE)	Estimated Emissions (tons)
Name	CAS#							
METHYL ETHYL KETONE	78933	5152	0	0	5152	2.6	1	2.6 ✓
XYLENE	1330207	10,304	0	0	10,304	5.2	1	5.2 ✓
TOLUENE	108883	206	0	0	206	.1	1	.1 ✓
ETHYL BENZENE	100414	3434	0	0	3434	1.7	1	1.7 ✓
METHYL ISOBUTYL KETONE	108101	8587	0	0	8587	4.3	1	4.3 ✓

Transfer the total emissions, pollutant by pollutant to Worksheet 10, Columns 1-5, using the same identification number that was used on this worksheet.

Material Balance Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number from Worksheet 1.

ID Number:	3
SCC ID Number(s)	02

In the Criteria Pollutant box enter the criteria pollutant the calculation applies to. Enter the total quantity of potential pollutant which enters the process or operation in the box for Q(added). Enter the total quantity of potential pollutant which becomes an integral part of the product in the box for Q(consumed). Enter the total quantity of the pollutant recovered in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided. Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If overall control efficiency is zero, copy the uncontrolled emissions in tons to space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space provided for estimated emissions.

Column A.	Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
Criteria Pollutant	Q(added) (pounds)	Q(consumed) (pounds)	Q(recovered) (pounds)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1 - OE)	Estimated Emissions (tons)
VOC	13,166	0	3,100	10,066	5	1	5

Transfer the total emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NOx, VOC, PM₁₀, SOx, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included in the hazardous air pollutant emissions calculations.

Material Balance Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	3
SCC ID Number	02

Calculate emissions for all HAPs, even if previously included in criteria pollutant emission calculation.

Enter the total quantity of HAPs which enters the process or operation in the box for Q(added). Enter the total quantity of potential HAPs which becomes an integral part of the product in the box for Q(consumed). Enter the total quantity of HAPs recovered for reuse in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided. Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If the overall control efficiency is zero, copy the uncontrolled emissions in tons to the space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space provided for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAP		Q(added) (pounds)	Q(consumed) (pounds)	Q(recovered) (pounds)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1-OE)	Estimated Emissions (tons)
Name	CAS#							
METHYL ETHYL KETONE	78933	13,166	0	3,100	10,066	5	1	5

Transfer the total emissions, pollutant by pollutant to Worksheet 10, Columns 1-5, using the same identification number that was used on this worksheet.

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list EACH operating unit individually.
4	PAINT STRIPPER - APPLICATION, DEGRADATION & COATING; METHYLENE CHLORIDE

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier. Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used.

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
68240031	01	.6 YC	TONS OF METHYLENE CHLORIDE USED
	02		
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

Additional Processes should be listed on Worksheet 1a.

Emission Factor Method Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	4
SCC ID Number	01

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by the operating rate (from Worksheet 1 or 1a) to obtain emissions in units of pounds for NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, copy uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1-OE. Multiply 1-OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.	Column B.	**Column C.	Column D.	Column E. E=C x D	Column F. F= E/2000	Column G.	Column H. H=F x G
Criteria Pollutant	Emission Factor Origin	Emission Factor (lbs per unit of measurement)	Operating Rate (in units of measurement)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1-OE)	Estimated Emissions (tons)
NO _x							
VOC	AP-42	1600	.6 tons	960	.48	1	.48
PM ₁₀							
SO _x							
TSP							
CO							

Transfer the total NO_x, VOC, PM₁₀, SO_x, TSP, and CO emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included in the hazardous air pollutant emissions calculations.

**Please make sure each emission factor is given lbs. per unit of measurement

Emission Factor Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	4
SCC ID Number(s)	01

Calculate emissions for all HAPs, even if previously included in criteria pollutant emissions calculations.

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by operating rate (from Worksheet 1) to obtain emissions in units of pounds. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, copy the uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = C x D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAPs		Emission Factor Origin	Emission Factor (lbs per unit of measurement)	Operating Rate (in units of measurement)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1-OE)	Estimated Emissions (tons)
Name	CAS#							
METHYLENE CHLORIDE	75092	AP-42	1600 lbs/ton	.6 tons	960	.48	1	.48

Transfer the total emissions, pollutant by pollutant, to Worksheet 10, Columns 1 - 5, using the same identification number that was used on this Worksheet.

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list EACH operating unit individually.
5	WASTE SOLVENT RECOVERY OPERATIONS - DISTILLATION

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier. Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used.

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
49000207	01	.49	TONS OF TRICHLOROETHYLENE DISTILLED
49000207	02	1.6	TONS OF METHYL ETHYL KETONE DISTILLED
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

Additional Processes should be listed on Worksheet 1a.

Emission Factor Method Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	5
SCC ID Number	01

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by the operating rate (from Worksheet 1 or 1a) to obtain emissions in units of pounds for NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, copy uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1-OE. Multiply 1-OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.	Column B.	**Column C.	Column D.	Column E. E=C x D	Column F. F= E/2000	Column G.	Column H. H=F x G
Criteria Pollutant	Emission Factor Origin	Emission Factor (lbs per unit of measurement)	Operating Rate (in units of measurement)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1-OE)	Estimated Emissions (tons)
NO _x							
VOC	AP-42	4.24 lbs/ton	.49	2	.001	1	.001
PM ₁₀							
SO _x							
TSP							
CO							

Transfer the total NO_x, VOC, PM₁₀, SO_x, TSP, and CO emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included in the hazardous air pollutant emissions calculations.

**Please make sure each emission factor is given lbs. per unit of measurement

Emission Factor Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	5
SCC ID Number(s)	01

Calculate emissions for all HAPs, even if previously included in criteria pollutant emissions calculations.

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by operating rate (from Worksheet 1) to obtain emissions in units of pounds. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, copy the uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = C x D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAPs		Emission Factor Origin	Emission Factor (lbs per unit of measurement)	Operating Rate (in units of measurement)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1-OE)	Estimated Emissions (tons)
Name	CAS#							
TRICHLOROETHYLENE	79016	AP-42	4.24 lbs/ton	.49 tons	2	.001	1	.001

Transfer the total emissions, pollutant by pollutant, to Worksheet 10, Columns 1 - 5, using the same identification number that was used on this Worksheet.

Emission Factor Method Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	5
SCC ID Number	02

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by the operating rate (from Worksheet 1 or 1a) to obtain emissions in units of pounds for NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, copy uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1-OE. Multiply 1-OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.	Column B.	**Column C.	Column D.	Column E. E=C x D	Column F. F= E/2000	Column G.	Column H. H=F x G
Criteria Pollutant	Emission Factor Origin	Emission Factor (lbs per unit of measurement)	Operating Rate (in units of measurement)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1-OE)	Estimated Emissions (tons)
NO _x							
VOC	AP-42	4.24 lbs/ton	1.6	6.8	.003	1	.003
PM ₁₀							
SO _x							
TSP							
CO							

Transfer the total NO_x, VOC, PM₁₀, SO_x, TSP, and CO emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included in the hazardous air pollutant emissions calculations.

**Please make sure each emission factor is given lbs. per unit of measurement

Emission Factor Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	5
SCC ID Number(s)	02

Calculate emissions for all HAPs, even if previously included in criteria pollutant emissions calculations.

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by operating rate (from Worksheet 1) to obtain emissions in units of pounds. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, copy the uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = C x D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAPs		Emission Factor Origin	Emission Factor (lbs per unit of measurement)	Operating Rate (in units of measurement)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1-OE)	Estimated Emissions (tons)
Name	CAS#							
METHYL ETHYL KETONE	78933	AP-42	4.24 lbs/ton	1.6 tons	6.8	.003	1	.003

Transfer the total emissions, pollutant by pollutant, to Worksheet 10, Columns 1 - 5, using the same identification number that was used on this Worksheet.

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list EACH operating unit individually.
6	NATURAL GAS INCINERATOR (INDUSTRIAL PROCESS) - ACE OVEN: MODEL # 240RKG, SERIAL # 134

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier. Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used.

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
39990013	01	2,880	9/1 M CUBIC FEET OF NATURAL GAS BURNED
	02		
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

Additional Processes should be listed on Worksheet 1a.

Emission Factor Method Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	6
SCC ID Number	01

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by the operating rate (from Worksheet 1 or 1a) to obtain emissions in units of pounds for NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, copy uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1-OE. Multiply 1-OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.	Column B.	**Column C.	Column D.	Column E. E=C x D	Column F. F= E/2000	Column G.	Column H. H=F x G
Criteria Pollutant	Emission Factor Origin	Emission Factor (lbs per unit of measurement)	Operating Rate (in units of measurement)	Uncontrolled Emissions (pounds)	Uncontrolled Emissions (tons)	1 - Overall Control Efficiency (1-OE)	Estimated Emissions (tons)
NO _x	AP-42	.140	2,880	403	.20	1	.20
VOC							
PM ₁₀	AP-42	.003	2,880	8.64	.004	1	.004
SO _x	AP-42	.0006	2,880	1.7	.0009	1	.0009
TSP							
CO							

Transfer the total NO_x, VOC, PM₁₀, SO_x, TSP, and CO emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NO_x, VOC, PM₁₀, SO_x, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included in the hazardous air pollutant emissions calculations.

**Please make sure each emission factor is given lbs. per unit of measurement

Criteria Pollutant Summary*

The information to be transferred to this worksheet will come from Worksheets 2, 3, and 4. Use the same identification number that was used in the worksheet from which the emissions being transferred were calculated. If more than one process was used per identification number, sum the emissions for each type of pollutant for each identification number before entering that information on this worksheet.

Identification Number	01	02	03	04	05	06					Total (tons)
Method of Calculation	AP-42	MAT. BAL	MAT. BAL	AP-42	AP-42	AP-42					
NO _x (tons) Emissions	1.6	-	-	-	-	.20					1.8 ✓ Box 1
VOC (tons) Emissions	.03	30	17	.48	.004	-					48 ✓ Box 2
PM ₁₀ (tons) Emissions	.03	-	-	-	-	.004					.034 ✓ Box 3
SO _x (tons) Emissions	.007	-	-	-	-	.0009					.0079 ✓ Box 4
TSP (tons) Emissions	-	-	-	-	-	-					✓ Box 5
CO (tons) Emissions	.4	-	-	-	-	-					.4 ✓ Box 6

Transfer the total emissions from boxes 1 through 4 to Worksheet 12, Boxes 1-4.

*For the purposes of these worksheets, criteria pollutants include NO_x, VOC, PM₁₀, SO_x, and CO. Although lead is also a criteria pollutant, lead emissions are included in the hazardous air pollutant emissions calculations.

Emissions Summary - Hazardous Air Pollutants (HAPS)

The information transferred to this worksheet comes from Worksheets 8 and 9.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Hazardous Air Pollutant (HAP) Chemical must be listed as a HAP in K.A.R. 28-19-7.	CAS Number	ID Number(s)	Method of Calculation	Annual Emissions (tons)	Enter Emissions from Column 5 if also Subject to Fees as VOC or PM ₁₀ *
TRICHLOROETHYLENE	79016	2	MB	30 ✓	
TRICHLOROETHYLENE	79016	5	EF	.001	
METHYL ETHYL KETONE	78933	3	MB	7.6 ✓	
METHYL ISOBUTYL KETONE	108101	3	MB	4.3 ✓	
XYLENE	1330207	3	MB	5.2 ✓	
TOLUENE	108883	3	MB	.1 ✓	
ETHYL BENZENE	100414	3	MB	1.7 ✓	0.05
METHYLENE CHLORIDE	75092	4	EF	.48 ✓	
METHYL ETHYL KETONE	78933	5	EF	.003	
Totals				49.4	

Box 5

Box 6

**Worksheet to Determine if
Hazardous Air Pollutant Emissions
Are Subject to Fees**

Line 1. Enter sum of all Box 5's from all Worksheet 10's. 49.4 Tons

Line 2. If Line 1 is greater than or equal to 25 tons/yr, enter total of all Box 6's from all Worksheet 10's Otherwise, skip to Line 4. 0 Tons

Line 3. Subtract Line 2 from Line 1 and enter result. Skip to Line 8. 49.4 Tons

Line 4. If Line 1 is less than 25 tons, sum total emissions for each chemical, and enter emissions for each chemical if greater than 10 tons.

Line 4a. - Tons

Line 4b. - Tons

Line 5. Add Lines 4a and 4b and enter result. - Tons

Line 6. Enter emissions from Line 5 which have been assessed fees as VOC or PM₁₀. - Tons

Line 7. Subtract Line 6 from Line 5 and enter result. 0 Tons

Line 8. If Line 1 is greater than or equal to 25 tons, enter result from Line 3, otherwise enter result from Line 7. 49.4 Tons

Transfer results, rounded to the nearest ton, from Line 8 to Worksheet 12, Box 9.

Emissions Summary and Fee Calculation

Total NO_x Emissions Plantwide	(Rounded to the nearest ton)	1.8	Box 1
Total VOC Emissions Plantwide	(Rounded to the nearest ton)	48	Box 2
Total PM₁₀ Emissions Plantwide	(Rounded to the nearest ton)	.034	Box 3
Total SO_x Emissions Plantwide	(Rounded to the nearest ton)	.0079	Box 4
If Box 1 < 100 tons, enter 0. If Box 1 > 4000 tons, enter 4000. Otherwise, enter Box 1.		0	Box 5
If Box 2 < 100 tons, enter 0. If Box 2 > 4000 tons, enter 4000. Otherwise, enter Box 2.		0	Box 6
If Box 3 < 100 tons, enter 0. If Box 3 > 4000 tons, enter 4000. Otherwise, enter Box 3.		0	Box 7
If Box 4 < 100 tons, enter 0. If Box 4 > 4000 tons, enter 4000. Otherwise, enter Box 4.		0	Box 8
Total HAPs Plantwide subject to fees (Line 8, Worksheet 11)(rounded to the nearest ton)		49	Box 9
Add Boxes 5-9. This is the total quantity of emissions subject to fees.		49	Box 10
Multiply Box 10 by \$13/ton and enter result.		\$ 637.00	Box 11
Fee Credit carried over from previous years.		0	Box 12
Subtract Box 12 from Box 11 and enter result. This is the total emissions fee due.		\$ 637.00	Box 13

1997 EMISSION INVENTORY

To: Cathy
From: Barb

Date: 9-1-91

Permit Number: 173-0152

Emissions Inventory Received And Calculations Look Correct (4)

Emissions Inventory Received And Calculations Incorrect () .

ATTACHMENT 7

CHECKLIST A
APPLICABILITY CHECKLIST
Aerospace Manufacturing and Rework NESHAP

NOTE: This checklist will establish whether a facility or operations within a facility are subject to this NESHAP.

1. GENERAL INFORMATION

- A. Date of Inspection: 1-13-99
- B. Facility Name: AIR WITOL PLATING (APC)
- C. Facility Address: WICHITA, KS
- D. Facility Contact: CURT HOWELL
(Name, Title, and Phone) COMPLIANCE MANAGER
- E. Is the facility a major or an area source? Major ☒ Area ☐
(NESHAP applies to *major sources* only)
- F. Inspector(s):

<u>Name</u>	<u>Title/Affiliation</u>	<u>Phone Number</u>
<u>PAUL BEATY</u>	<u>SFA</u>	
<u>PAULA HIGBEE</u>	<u>SFA</u>	

2. SOURCE IDENTIFICATION

- A. Does this facility engage in the manufacture or rework of aerospace vehicles, assemblies, or components? Yes ☒ No ☐ (If No, do not proceed, this rule does not apply)
- B. Does this facility perform any of the following operations on aerospace vehicles, assemblies, or components? (If Yes to any, proceed, the rule applies)

Cleaning operations	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Hand-wipe cleaning	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Spray gun cleaning	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Flush cleaning	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Topcoat or primer application	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Depainting operations	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Chemical milling maskant	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Handling and storage of waste	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

CHECKLIST B
CLEANING CHECKLIST
Aerospace Manufacturing and Rework NESHAP

NOTE: Cleaning operations requirements are applicable only to the cleaning of aerospace vehicles, assemblies, and components. Cleaning operations subject to the hand-wipe cleaning (Checklist C), flush cleaning (Checklist D), or spray gun cleaning (Checklist E) requirements are also subject to these requirements.

1. GENERAL INFORMATION

A. Source Location (if applicable): _____
B. Installation Date (if applicable): _____

2. REQUIREMENTS

Owners/operators may choose one of the following options. Complete the table below by checking either "Yes" or "No" to document the measurement, calculation, or observation meeting the NESHAP requirement(s). It may be necessary to write "N/A" (not applicable) for some requirements.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Option 1 (§63.744(a))	Aqueous cleaning solvents (≥80% water content as applied), miscible with water, flash point > 200°F (93°C) are used	MEK		X
These requirements are referred to as Table 1 in the rule	Hydrocarbon based cleaning solvents (mixture of photochemically reactive HC and/or oxygenated HC), maximum vapor pressure (VP) of 3.75 in. H ₂ O at 68°F (7 mm Hg at 20°C), and containing no HAP are used	MEK		X
If using Option 1, skip Section 3 and go directly to Section 4.				
Option 2 (§63.744(a))	Solvent not meeting requirements in Option 1		X	
If using Option 2, go to Section 3, Housekeeping Measures				

MEK VP=85 mmHg @ 20°C

B - CLEANING

3. HOUSEKEEPING MEASURES

Housekeeping measures are required if Option 2 is used to comply with the cleaning operation requirements. Check either "Yes" or "No" to document the measurement, calculation, or observation meeting the NESHAP requirement.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
§63.744(a)(1)	Place absorbent applicators in closed containers upon completing use (except cotton-tipped swabs)	MEX	X	
§63.744(a)(2)	Store fresh and spent cleaning solvents in closed containers (except semi-aqueous cleaners)		X	
§63.744(a)(3)	Handle and transfer solvent between containers in a manner that minimizes spills		X	

4. RECORDKEEPING

The following recordkeeping is required for all options. Check either "Yes" or "No" to document the measurement, calculation, or observation meeting the NESHAP requirement. Additional requirements will be found in individual sections of the hand-wipe, spray gun, and flush cleaning checklists.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
§63.752(b)(1)	Name, vapor pressure, and documentation showing the organic HAP constituents for each cleaning solvent		X	
§63.10(b)(1)	Necessary records to be maintained for 5 years (2 years onsite)		X	

5. INSPECTOR COMMENTS:

END OF CHECKLIST B

CHECKLIST C
HAND-WIPE CLEANING CHECKLIST
Aerospace Manufacturing and Rework NESHAP

NOTE: Cleaning operations subject to the hand-wipe cleaning requirements are also subject to the cleaning requirements (Checklist B).

1. GENERAL INFORMATION

A. Source Location (if applicable): _____
B. Installation Date (if applicable): _____

2. EXEMPTIONS

The following *hand-wipe cleaning operations* are exempted from portions of the regulatory NESHAP provisions shown in the table (please note that some recordkeeping is required for exempt operations where a noncompliant cleaning solvent is used). The cited regulatory provision and §63.742 Definitions should be consulted for more details and for any qualifications on the exemptions.

The following exemptions apply specifically to the use of <i>hand-wipe cleaning</i> solvents:				
Citation	Exempt Operation	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
§63.744(e)(1)	Cleaning of components of breathing oxygen systems that are exposed to the breathing oxygen			
§63.744(e)(2)	Cleaning related to parts that are exposed to strong oxidizers or reducers			
§63.744(e)(3)	Cleaning and surface activation prior to adhesive bonding			
§63.744(e)(4)	Electronic parts, and assemblies containing electronic parts			
§63.744(e)(5)	Aircraft and ground support equipment fluid systems exposed to the fluid (e.g., air-to-air heat exchangers and hydraulic fluid systems)			
§63.744(e)(6)	Fuel cells, fuel tanks, and confined spaces			
§63.744(e)(7)	Solar cells, coated optics, and thermal control surfaces			
§63.744(e)(8)	Cleaning related to upholstery, curtains, carpet, and other textiles used in aircraft interiors			

C - HAND-WIPE CLEANING

The following exemptions apply specifically to the use of <i>hand-wipe cleaning</i> solvents:				
Citation	Exempt Operation	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
§63.744(e)(9)	Metallic and nonmetallic materials used in honeycomb cores			
§63.744(e)(10)	Aircraft transparencies, polycarbonates, and glass substrates			
§63.744(e)(11)	Cleaning associated with R&D, quality control, or laboratory testing			
§63.744(e)(12)	Cleaning operations conducted within 5 feet of energized electrical systems			
§63.744(e)(13)	Cleaning operations that are "essential uses" under the Montreal Protocol (40 CFR §82.4)			

3. REQUIREMENTS

Check off the compliance option or options selected by the owner/operator for hand-wipe cleaning operations.

A. **Option 1:** (§63.744(b)(1)) **Meet Table 1 composition requirements** ☐
 [Table 1 found in rule and in Checklist B (Cleaning), Section 2]

B. **Option 2:** (§63.744(b)(2)) **Meet Composite vapor pressure limit** ☐

Requirement:

Is the composite vapor pressure 24 in. H₂O (45 mm Hg) or less at 68°F (20°C)?

Yes ☐ No ☐

C. **Option 3:** (§63.744(b)(3)) **Solvent usage reduction** ☐

Requirement:

Was the hand-wipe cleaning solvent usage reduced at least 60% from a 1996 and 1997 baseline value (or other value approved by the permitting agency), adjusted for production?

Yes ☐ No ☐

Does the plan demonstrate a reduction equivalent to Option 1 or 2, and has an alternative plan been filed?

Yes ☐ No ☐

NONE

C - HAND-WIPE CLEANING

4. RECORDKEEPING

Recordkeeping requirements are based on the option or options selected by the owner/operator. Check either "Yes" or "No" to document the measurement, calculation, or observation meeting the NESHAP requirement(s).

For hand-wipe solvents complying with <i>Option 1</i> - Table 1 criteria				
Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
§63.752(b)(2)	Keep records of: 1. name of each cleaning solvent, 2. data and calculations demonstrating compliance with Table 1, and 3. <i>annual</i> volume of each solvent used (facility purchase or usage records)		<div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px;"></div>	<div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px;"></div> <div style="text-align: center; font-size: 2em; margin-top: 5px;">X</div>
For hand-wipe solvents complying with <i>Option 2</i> - vapor pressure limit				
§63.752(b)(3)	Keep records of: 1. name of each cleaning solvent, 2. composite vapor pressure of each solvent, 3. test results (if applicable), data, and calculations for composite VP, and 4. <i>monthly</i> volume of each solvent used at each operation (purchase records may be used if the quantity purchased can be linked to each operation)		<div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px;"></div>	<div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px;"></div> <div style="text-align: center; font-size: 2em; margin-top: 5px;">X</div>
For hand-wipe solvents used in exempt cleaning operations that do not comply with <i>Option 1</i> or <i>2</i>				
§63.752(b)(4)	Keep records of: 1. identity and <i>monthly</i> volume of each solvent used at each operation (purchase records may be used if the quantity purchased can be linked to each operation), and 2. a list of the exempt operations in which these solvents are being used		<div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px;"></div>	<div style="border-bottom: 1px solid black; height: 10px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 10px;"></div> <div style="text-align: center; font-size: 2em; margin-top: 5px;">X</div>

C - HAND-WIPE CLEANING

5. INSPECTOR COMMENTS:

USE MASK -

- NO SPECIFIC USAGE RECORDS

- NO 1996, 1997 BASELINE

END OF CHECKLIST C

CHECKLIST D
SPRAY GUN CLEANING CHECKLIST
Aerospace Manufacturing and Rework NESHAP

NOTE: Cleaning operations subject to the spray gun cleaning requirements are also subject to the cleaning requirements (Checklist B).

1. GENERAL INFORMATION

A. Source Location (if applicable): _____
B. Installation Date (if applicable): _____

2. REQUIREMENTS

Owners/operators may choose one of the following options. Determine what type of spray gun cleaning operations are performed by completing the table below.

Citation	Requirement	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
Option 1 §63.744(c)(1)	Enclosed system cleaning			X
Option 2 §63.744(c)(2)	Nonatomized cleaning			X
Option 3 §63.744(c)(3)	Disassembled gun cleaning (manual or soaking)	MEK	X	
Option 4 §63.744(c)(4)	Atomized cleaning	MEK	X	

D - SPRAY GUN CLEANING

3. RECORDKEEPING

A. *Option 1:* (§63.744(c)(1)) Enclosed System ☐

NA

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.744(c)(1)(i)	Clean spray gun in enclosed system kept closed except when inserting or removing gun. Cleaning consists of forcing the cleaning solvent through the gun.			
Monitoring §63.751(a)	Visually inspect seals and other potential leak sources <i>monthly</i> , while system is in operation.			
Compliance §63.744(c)(1)(ii)	Repair any leak in system as soon as practicable, but no later than 15 days after finding leak. Shut down system if not repaired within 15 days. Repair and restart, or decommission.			
Recordkeeping §63.752(b)(1)	Keep records of name, vapor pressure, and organic HAP constituents for each cleaning solvent.			
Recordkeeping §63.752(b)(5)	Keep records of leaks showing source ID, date each leak found, and date each leak repaired.			

B. *Option 2:* (§63.744(c)(2)) Nonatomized cleaning ☐

NA

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.744(c)(2)	Clean spray gun by forcing solvent through gun with atomizing cap in place. No atomizing air is used. Collect solvent from gun in closed container.			
Recordkeeping §63.752(b)(1)	Keep records of name, vapor pressure, and organic HAP constituents for each cleaning solvent.			

D - SPRAY GUN CLEANING

C. *Option 3:* (§63.744(c)(3)) **Disassembled manual cleaning or soaking** ☒

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.744(c)(3)	Clean disassembled spray gun by hand (vat kept closed when not in use), or soak components (vat kept closed when not inserting or removing components).		X	
Recordkeeping §63.752(b)(1)	Keep records of name, vapor pressure, and organic HAP constituents for each cleaning solvent.	MEK	X	

D. *Option 4:* (§63.744(c)(4)) **Atomized cleaning with emissions capture** ☒

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.744(c)(4)	Clean spray gun by forcing solvent through gun, collect atomized spray into container that captures the solvent emissions.	SPRAY INTO FUNNEL ON DRUM		X
Recordkeeping §63.752(b)(1)	Keep records of name, vapor pressure, and organic HAP constituents for each cleaning solvent.	MEK	X	

4. INSPECTOR COMMENTS:

END OF CHECKLIST D

E - FLUSH CLEANING

CHECKLIST E FLUSH CLEANING CHECKLIST Aerospace Manufacturing and Rework NESHAP

NOTE: Cleaning operations subject to the flush cleaning requirements are also subject to the cleaning requirements (Checklist B). Flush cleaning means the removal of contaminants by passing solvent over, into, or through the item (spray guns not included) being cleaned.

1. GENERAL INFORMATION

A. Source Location (if applicable): _____

B. Installation Date (if applicable): _____

(NA)

2. REQUIREMENTS

Check off the compliance option or options selected by the owner/operator for flush cleaning operations.

NOTE: Exempt from the compliance requirements of §63.744(d) are: (1) semi-aqueous cleaning solvents ($\geq 60\%$ water as applied), and (2) Table 1 cleaning solvents (Checklist B, Section 2).

A. **Option 1: Table 1 or semi-aqueous cleaning solvents** ☐

[See Checklist B, Section 2 or Table 1 in rule.

Semi-aqueous: $\geq 60\%$ water content as applied.]

B. **Option 2: Enclosed system or collection system** ☐

3. RECORDKEEPING

For operations using an <i>enclosed system</i> for flush cleaning (does not apply to spray gun cleaning)				
Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.744(d)	Empty the used cleaning solvent from flush cleaning into enclosed container or collection system and keep it closed when not in use, or empty into system with equivalent emission control.			
For all flush cleaning operations, unless otherwise noted				
Recordkeeping §63.752(b)(1)	Keep records of name, vapor pressure, and organic HAP constituents for each cleaning solvent.			
For semi-aqueous cleaning operations				

E - FLUSH CLEANING

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(b)(2)	For semi-aqueous cleaning solvents (used under Option 1), record name, documentation that each meets composition requirements, and <i>annual</i> volume usage or purchase records. Table 1 solvents are not subject to this recordkeeping requirement.			

4. INSPECTOR COMMENTS:

END OF CHECKLIST E

CHECKLIST F
PRIMER/TOPCOAT CHECKLIST
Aerospace Manufacturing and Rework NESHAP

1. GENERAL INFORMATION

- A. Source Location (if applicable): _____
- B. Installation Date (if applicable): _____
- C. The following coating application operations are performed at the facility/plant:
- ☒ topcoating (containing organic/inorganic HAP)
 - ☒ priming (containing organic/inorganic HAP)
 - ☐ self-priming topcoating (containing organic/inorganic HAP)
 - ☒ application of waterborne coatings

2. EXEMPT OPERATIONS

The following primer/topcoat (including self-priming) operations are exempt based on the regulatory NESHAP provisions shown in the table. The cited regulatory NESHAP provision and §63.742 Definitions should be consulted for more details and for any qualifications on the exemptions.

The following exemptions apply to <i>all</i> primer and topcoat applications:				
Citation	Exempt Operation	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
§63.741(i)	Waterborne primers/topcoats (limited exemption, see rule for specific information)			
§63.745(a)	Public display, nonoperational, and not easily moved equipment			
The following are exempt from the <i>application technique requirements</i> for <i>organic HAP</i> requirements only. All other requirements apply.				
§63.745(f)(3) Application Equipment	Use of airbrush or spray gun extension			
	Coating containing fillers that adversely affect atomization with HVLP			
	Film thicknesses <0.0005 inch			
	Airbrushed stenciling, lettering, or marking			
	Hand-held spray cans			
	Touchup and repair			
The following are exempt from the <i>inorganic HAP</i> requirements only.				

F - PRIMER/TOPCOAT

Citation	Exempt Operation	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
§63.745(g)(4) Inorganic HAP	Touchup of scratches, paint damage			
	Hole daubing for fasteners			
	Touchup of trimmed surfaces			
	Coating prior to joining dissimilar metal components			
	Stencil operations performed by brush or airbrush			
	Section joining			
	Touchup of bushings			
	Sealant detackifying			
	Use of hand-held spray cans			
	Coating of parts that the permitting authority has determined (and which is identified in a Title V permit) is not technically feasible to paint in a booth			

3. COMPLIANCE OPTIONS - ORGANIC HAP EMISSIONS

There are five options for demonstrating compliance with the **organic HAP** emissions requirements. Check off the compliance option/options selected by the owner/operator. Owners and operators are required to meet the application techniques and housekeeping measures identified below regardless of the compliance option(s) chosen:

- A. All Options: **Application techniques and Housekeeping** (§63.745(b) and (f)) ☐
- B. Option 1: **Primers/topcoats meet organic HAP/VOC limits** (§63.745(e)(1)) ☐
- C. Option 2: **Primers meet "low HAP content" limit** (§63.752(c)(3)) ☐
- D. Option 3: **Weighted average content** (§63.745(e)(2)) ☐
- E. Option 4: **Add-on controls** (§63.745(d)) ☐
- F. Option 5: **Use of waterborne coatings** (§63.741(i)) ☐



Does NOT
USE SPECIFIC
OPTION

F - PRIMER/TOPCOAT

4. REQUIREMENTS - ORGANIC HAP EMISSIONS

Document compliance with the specific option or options chosen by the owner/operator by checking "Yes" or "No" for each item in the table for that option. If application or requirement is not applicable, write "N/A" across the "Yes" or "No" column.

A. All Options: Application techniques, Housekeeping, and Recordkeeping.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.745(b)	Handle primers and topcoats in such a manner that minimizes spills		X	
Compliance §63.745(f)	Apply coatings using one or more of the following methods: <ul style="list-style-type: none"> • flow/curtain coating • dip coat application • roll coating • brush coating • cotton-tipped swab application • electrodeposition (dip) coating • HVLP spraying • electrostatic spray • other approved methods that meet HVLP or electrostatic spray 	~90% + HVLP ~10% RESOLAR	X	X
Recordkeeping §63.745(f)(2)	Operate application devices in accordance with company procedures, local specified operating procedures, and, or manufacturer specifications		X	
Recordkeeping §63.10(b)(1)	Necessary records to be maintained for 5 years (2 years onsite)			

B. Option 1: Primers/topcoats meet organic HAP/VOC limits (uncontrolled coatings)

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.745(c) and (e)(1)	Each primer and topcoat in use meets the following content limits for both organic HAP and VOC: Primers: 2.9 lb/gal (350 g/liter) Topcoats: 3.5 lb/gal (420 g/liter) General aviation (all coatings) 4.5 lb/gal (540 g/liter)		X	X
Recordkeeping §63.752(c)(1)	Keep records of name and VOC and HAP content of each primer and topcoat as received and as applied.		X	

F - PRIMER/TOPCOAT

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(c)(2) (without averaging)	Keep <i>monthly</i> records of mass of organic HAP and VOC emitted per unit volume of coating as applied for each coating formulation, all documentation for these emission values, and the monthly volume usage for each primer and topcoat formulation.			

C. Option 2: Primers meet "low HAP content" limit (uncontrolled primers)

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping § 63.752(c)(3)(i)	Keep <i>annual</i> volume purchase records of each low HAP or VOC content coating (<2.1 lb/gal).			
Recordkeeping § 63.752(c)(3)(ii)	Keep all data, calculations, and test results, if applicable, used in determining low organic HAP and VOC content as applied, or manufacturer's certification when primer is applied as received.			

D. Option 3: Weighted average content (uncontrolled coatings)

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.745(c) and (e)(2)	Any combination of primers or topcoats such that the monthly volume-weighted average organic HAP and VOC contents of the combination meet the following limits: Primers: 2.9 lb/gal (350 g/liter) Topcoats: 3.5 lb/gal (420 g/liter)	Averaging scheme, if applicable, approval date _____		
Recordkeeping §63.752(c)(4)	Keep records of <i>monthly</i> volume-weighted average mass of organic HAP and VOC per unit volume of coating as applied for all primers and all topcoats, and all documentation for these calculations.			

E. Option 4: Add-on control system (controlled coatings)

NO ADD-ON CONTROL

F - PRIMER/TOPCOAT

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.745(d)	Use a control system that reduces organic HAP and VOC emissions with at least 81% overall efficiency (= capture efficiency x removal efficiency).			
Monitoring §63.751(b)(3)(iii) and (b)(4)	Conduct monitoring of capture and operating parameters established by plan and calculate site specific operating parameter value(s) that demonstrate compliance.			
Monitoring §63.751(b)(6)(iii)(A)	Install, calibrate, operate, and maintain a continuous emission monitor to measure total HAP or VOC concentration exhausted from control device (portable monitor allowed for nonregenerative carbon adsorbers).			
Monitoring §63.751(b)(6)(ii)	Perform a quarterly audit of the continuous emission monitor.			
Monitoring §63.751(b)(6)(iii)(D)	For <i>nonregenerative carbon adsorption systems</i> , replace the carbon at a regular predetermined time interval.			
Monitoring §63.751(b)(8)	For <i>incinerators</i> , install, calibrate, maintain, and operate temperature monitoring equipment according to manufacturer's specifications. Every 3 months, replace or recalibrate temperature sensors (or use a CEMS to verify destruction efficiency).			
Monitoring §63.751(b)(9)	For <i>noncatalytic incinerators</i> , install thermocouples with continuous recorders immediately downstream of the firebox.			
Monitoring §63.751(b)(10)	For <i>catalytic incinerators</i> , install thermocouples with continuous recorders immediately before and after the catalyst bed.			

F - PRIMER/TOPCOAT

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(c)(6)	Records for carbon adsorbers, as appropriate for the type of system: 1. Overall control efficiency, with all data and calculations used to calculate efficiency; <i>For mass balance calculation:</i> 2. Length of rolling material balance period, with all data and calculations; 3. Certification of accuracy for the device that measures recovered HAP or VOC; and <i>For nonregenerative carbon adsorbers:</i> 4. Record of carbon replacement time, as required.			
Recordkeeping §63.752(c)(5)	Records for other control devices, as appropriate: 1. Overall control efficiency; 2. Continuous records of firebox temperature and calculated 3-hour averages; 3. Continuous records of temperature before and after the catalyst bed.			

F. *Option 5: Use waterborne coatings*

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.741(i)	Coating contains more than 5% water by weight as applied in its volatile fraction and meets applicable HAP and VOC limits. Exemptions from several rule requirements are specified in the rule.			
Recordkeeping §63.741(i)	Keep manufacturer's supplied data and annual purchase records <i>for each exempt waterborne coating</i> for 5 years.			

5. COMPLIANCE OPTIONS - INORGANIC HAP EMISSIONS

There are several options for meeting the *inorganic HAP* emissions requirements based on whether the source is new or existing. Check off the compliance option(s) selected by the owner/operator. If the requirement is not applicable, write "N/A" across the "Yes" or "No" portion of the applicable column.

Citation	Requirement	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
All Options §63.745(g)(1)	Apply coatings in a booth or hangar in which air flow is directed downward onto or across the part or assembly being coated.		X	
Option 1 §63.745(g)(2)(i)	For <i>existing sources</i> , use a waterwash system, a dry particulate filter meeting the efficiencies in Tables 1 and 2 of §63.745, or equivalent approved system.	NA		
Option 2 §63.745(g)(2)(ii)	For <i>new sources</i> , use a dry particulate filter meeting the efficiencies in Tables 3 and 4 of §63.745, or equivalent approved system.		X	X
Option 3 §63.745(g)(2)(iii)(A)	For <i>new sources constructed between 6/6/94 and 10/29/96</i> , use a 2-stage dry filter, or a waterwash system.	NA		
§63.745(g)(2)(iii)(B)	For new sources constructed between 6/6/94 and 10/29/96 that apply primers or topcoats containing <i>chromium</i> or <i>cadmium</i> , use a HEPA filter, 3-stage filter, or approved equivalent to a 3-stage control system.	NA		

F - PRIMER/TOPCOAT

6. REQUIREMENTS - INORGANIC HAP EMISSIONS

These requirements apply to the spray application of primers or topcoats that contain inorganic HAP. If the requirement is not applicable, write "N/A" across the "Yes" or "No" portion of the applicable column.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Is facility using a <i>dry particulate filter system</i> to control the coating operation? If Yes:				
Compliance §63.745(g)(2)(iv)(A)	Maintain dry particulate filter in good working order.		X	
Compliance §63.745(g)(2)(iv)(B)	Install a differential pressure gauge across the filter banks.		X	
Compliance §63.745(g)(2)(iv)(C)	Continuously monitor pressure drop across filter, read and record pressure drop once per shift in which coating occurs.			X
Compliance §63.745(g)(2)(iv)(D)	Take corrective action when pressure drop goes outside manufacturer's recommended limit(s).		X	
Compliance §63.745(g)(3)	Shut down coating operation and take corrective action if pressure drop goes outside specified limit(s).	?		
	Shut down coating operation if specified maintenance procedures have not been performed as scheduled.	?		
Recordkeeping §63.752(d)(1)	Record pressure drop across operating filter system once per shift in which coating occurs.			X
Recordkeeping §63.752(d)(3)	Log shall include acceptable limit(s) for pressure drop.			X
Is facility using a <i>waterwash system</i> (conventional and pumpless) to control the coating operation? If Yes:				
Compliance §63.745(g)(2)(v)	Continuously monitor the water flow rate or operating efficiency range (for pumpless systems), and read and record the water flow rate or efficiency range once per shift in which coating occurs.			
Compliance §63.745(g)(3)	Shut down coating operation and take corrective action: 1. If water path fails visual continuity/flow characteristics check or water flow rate or operating efficiency range goes outside specified limit(s), or 2. If specified maintenance procedures have not been performed as scheduled.			

F - PRIMER/TOPCOAT

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(d)(2)	Record water flow rate or operating efficiency range through system once each shift in which coating occurs.			
Recordkeeping §63.752(d)(3)	Log shall include acceptable limit(s) for water flow rate or operating efficiency.			

7. INSPECTOR COMMENTS:

END OF CHECKLIST F

CHECKLIST G
DEPAINTING OPERATIONS
Aerospace Manufacturing and Rework NESHAP

NA

NOTE: The rule covers depainting operations on the outer surface areas of completed aerospace vehicles (including the fuselage, wings, and vertical and horizontal stabilizers of the aircraft) and the outer casing and stabilizers of missiles and rockets. The rule also applies only to facilities that depaint more than six completed aerospace vehicles per calendar year.

1. GENERAL INFORMATION

- A. Source Location (if applicable): _____
B. Installation Date (if applicable): _____

2. EXEMPT OPERATIONS

Depainting performed in the situations or on the parts shown in the table is exempted from the control requirements in §63.746. The cited regulatory NESHAP provisions and §63.742 Definitions should be consulted for more details and for any qualifications on the exemptions.

Citation	Exempt Operation	Measurement, Calculation, or Observation	Does Facility Depaint Indicated Parts?	
			Yes	No
§63.746(a)(1)	Parts normally removed from vehicle for depainting (except wings and stabilizers)			
§63.746(a)(2)	Public display, nonoperational, and not easily moved equipment			
§63.746(a)(3)(i)	Depainting of radomes			
§63.746(a)(3)(ii)	Parts, subassemblies, and assemblies normally removed from primary aircraft structure before depainting			
§63.746(b)(5)	Mechanical and hand sanding operations are exempt from the requirements to <i>perform work in an enclosed area and use a control system</i> . All other requirements apply.			

G - DEPAINTING

3. REQUIREMENTS

Check off the compliance option or options selected by the owner/operator and check "Yes" or "No" for each item in the table for that option. If the requirement is not applicable, write "N/A" across the "Yes" or "No" portion of the applicable column.

Citation	Requirement	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
Option 1 §63.746(b)(1)	Non-HAP chemical strippers and technologies			
Option 2 §63.746(b)(2)	Nonchemical based equipment			
Option 3 §63.746(c)	Organic HAP chemical strippers (emissions reduced by control system)			

A. Option 1: (§63.746(b)(1)) **Non-HAP chemical strippers** and technologies ☐

Check "Yes" or "No" for each item in the table when using non-HAP chemical strippers and technologies.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.746(b)(1)	Each chemical stripping formulation or agent, and each chemical paint softener, used for depainting shall emit no organic HAP during depainting operations, except for spot stripping and decal removal.			
Compliance §63.746(b)(3)	For spot stripping and decal removal, use no more than: 1. 26 gal organic HAP-containing chemical strippers or 190 lb organic HAP per <i>commercial</i> aircraft depainted, and 2. 50 gal HAP strippers or 365 lb organic HAP per <i>military</i> aircraft depainted, on an <i>annual average</i> basis.			
Recordkeeping §63.752(e)(1)(i)	Keep records of name of each stripper used.			
Recordkeeping §63.752(e)(1)(ii)	Keep records of <i>monthly</i> volume of each organic HAP containing stripper or weight of organic HAP used for spot stripping and decal removal.			

G - DEPAINTING

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(e)(6)	For spot stripping and decal removal: 1. Volume of organic HAP stripper or weight of organic HAP used; 2. Annual average volume of organic HAP stripper or weight of organic HAP used per aircraft; 3. Annual number of aircraft stripped; and 4. All data and calculations used.			

B. Option 2: (§63.746(b)(2)) **Nonchemical based equipment**



Check “Yes” or “No” for each item in the table when using nonchemical based equipment.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.746(b)(2)	Maintain nonchemical based depainting equipment according to manufacturer’s specifications or locally prepared procedures.			
	During malfunctions, use substitute materials that minimize HAP emissions.			
	Substitute materials are not to be used for more than 15 days annually, unless non-HAP.			
Does facility use <i>dry media blasting equipment</i> that generates airborne inorganic HAP emissions? If Yes:				
Compliance §63.746(b)(4)(i)	Perform depainting in an enclosed area or use a closed-cycle depainting system.			
Compliance §63.746(b)(4)(ii)(A)	For <i>existing sources</i> , use a waterwash system, baghouse, or a dry particulate filter. Dry particulate filters must meet the efficiency data points in Tables 1 and 2 of §63.745.			
Compliance §63.746(b)(4)(ii)(B)	For <i>new sources</i> , use a dry particulate filter system meeting the efficiency data points in Tables 3 and 4 of §63.745 or a baghouse.			
Is facility using a <i>dry particulate filter system</i> to control the media blasting operation? If Yes:				
Compliance §63.746(b)(4)(iii)(A)	Maintain dry particulate filter in good working order.			

G - DEPAINTING

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.746(b)(4)(iii)(B)	Install a differential pressure gauge across the filter banks.			
Compliance §63.746(b)(4)(iii)(C)	Continuously monitor pressure drop across the filter.			
Compliance §63.746(b)(4)(iii)(D)	Take corrective action when pressure drop goes outside manufacturer's recommendation.			
Compliance §63.746(b)(4)(v)	Shut down depainting operation and take corrective action if filter pressure drop goes outside specified limits.			
	Shut down depainting operation and take corrective action if specified maintenance procedures have not been performed as scheduled.			
Is facility using a <i>waterwash system</i> (conventional or pumpless) to control the media blasting operation? If Yes:				
Compliance §63.746(b)(4)(iv)	Continuously monitor the water flow rate or operating efficiency range (for pumpless systems)			
Compliance §63.746(b)(4)(v)	Shut down depainting operation and take corrective action if water path fails visual continuity/flow characteristics check or the water flow rate or efficiency range goes outside specified limits.			
Compliance §63.746(b)(4)(v)	Shut down depainting operation and take corrective action if specified maintenance procedures have not been performed as scheduled.			

G - DEPAINTING

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
For a dry particulate filter or a waterwash system:				
Monitoring §63.751(d)	Continuously monitor pressure drop across dry filter or water flow rate for conventional waterwash systems or operating efficiency range for pumpless systems, and read and record these parameters once per shift.			
Recordkeeping §63.752(e)(5)(i)	Records of names and types of nonchemical based equipment (dry media blast, etc.)			
Recordkeeping §63.752(e)(5)(ii)	For malfunction periods, the technique that malfunctioned, date, description of malfunction, methods used during the period, dates these methods were begun and stopped, and date the malfunction was corrected.			
Recordkeeping §63.752(e)(7)	Records of actual pressure drop across dry filters, or visual continuity and water flow rate for waterwash systems, recorded once each shift that depainting occurred. Log also must indicate acceptable limit(s) for the recorded parameters.			

C. Option 3: (§63.746(c)) **Organic HAP chemical strippers**
(Emissions reduced by use of control device)



Check "Yes" or "No" for each item in the table when using organic HAP chemical strippers.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.746(c)	Use a control system that reduces organic HAP and VOC emissions with at least: 1. 81% overall efficiency (= capture efficiency x removal efficiency) or mass balance calculations for <i>existing sources</i> , or 2. 95% overall efficiency for <i>new sources or mass balance calculation</i> .			

G - DEPAINTING

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Monitoring §63.751(b)(3)(iii) and (b)(iv)	Conduct monitoring of capture and operating parameters established by plan and calculate site specific operating parameter value(s) that demonstrate compliance.			
Monitoring §63.751(b)(6)(iii)(A)	Install, calibrate, operate, and maintain a continuous emission monitor to measure total organic HAP or VOC concentration exhausted from control device (portable monitor allowed for nonregenerative carbon adsorbers).			
Monitoring §63.751(b)(6)(ii)	Perform a quarterly audit of the continuous emission monitor.			
Monitoring §63.751(b)(6)(iii)(D)	For <i>nonregenerative carbon adsorption systems</i> , replace the carbon at a regular predetermined time interval.			
Monitoring §63.751(b)(8)	For <i>incinerators</i> , install, calibrate, maintain, and operate temperature monitoring equipment according to manufacturer's specifications. Every 3 months, replace or recalibrate temperature sensors (or use a CEMS to verify destruction efficiency).			
Monitoring §63.751(b)(9)	For <i>noncatalytic incinerators</i> , install thermocouples with continuous recorders immediately downstream of the firebox.			
Monitoring §63.751(b)(10)	For <i>catalytic incinerators</i> , install thermocouples with continuous recorders immediately before and after the catalyst bed.			
Recordkeeping §63.752(e)(2)	Records for carbon adsorbers, as appropriate for the type of system: 1. Overall control efficiency, with all data and calculations used to calculate efficiency; <i>For mass balance calculation:</i> 2. Length of rolling material balance period, with all data and calculations; and 3. Certification of accuracy for the device that measures recovered HAP or VOC. <i>For nonregenerative carbon adsorbers:</i> 4. Record of carbon replacement time			

G - DEPAINTING

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(e)(3)	Records for other control devices, as appropriate: 1. Overall control efficiency and supporting calculations.			
Recordkeeping §63.752(e)(4)	For each aircraft type depainted, a listing of the parts, subassemblies, and assemblies normally removed before depainting. Exempted aircraft types: prototype, test model, and aircraft of which <25 exist.			

4. INSPECTOR COMMENTS:

- DOES NOT DEPAINT PLANES, JUST PARTS

- CURRENTLY CONTRACTING OUT

END OF CHECKLIST G

CHECKLIST H
CHEMICAL MILLING MASKANT OPERATIONS
Aerospace Manufacturing and Rework NESHA

NA

NOTE: Chemical milling maskant is defined as a coating that is applied directly to aluminum components to protect surface areas when chemical milling the component with a Type I or Type II etchant. This does not include bonding maskants and critical use and line sealer maskants, and seal coat maskants. Additionally, maskants that must be used with a combination of Type I or II etchant and any of the above types of maskants are also exempt from the chemical milling maskant requirements.

1. GENERAL INFORMATION

- A. Source Location (if applicable): _____
B. Installation Date (if applicable): _____

2. EXEMPT OPERATIONS

The following maskants are exempt from the rule requirements. The cited regulatory NESHA provision and §63.742 Definitions should be consulted for more details and for any qualifications on the exemptions.

Citation	Exempt Maskant	Measurement, Calculation, or Observation	Does Facility Use the Maskant?	
			Yes	No
§63.742 Chemical milling maskant	1. Bonding maskants 2. Critical use and line sealer maskants 3. Seal coat maskants 4. Maskants used with a combination of Type I or II etchant and any of the maskant types in 1, 2, or 3 above.			
§63.747(c)	Maskants used for touchup of scratched surfaces, damaged maskant, or trimmed edges			

H - MASKANT

3. COMPLIANCE OPTIONS

Check off the compliance option selected by the owner/operator and check "Yes" or "No" for each item in the table(s) for that option. If a requirement is not applicable, write "N/A" across the "Yes" or "No" portion of the applicable column.

Citation	Requirement	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
Option 1 §63.747(c)	Chemical milling maskant meets organic HAP/VOC limits			
Option 2 §63.747(d)	Add-on controls			
Option 3 §63.741(i)	Use of waterborne coatings			

A. Option 1: (§63.747(c)) **Organic HAP and VOC content limits**



I. (§63.747(e)(1)) Each maskant meets limit



Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.747(b)	Handle and transfer maskant between containers in a manner that minimizes spills.			
Compliance §63.747(c) and (e)(1)	Each maskant in use meets the following content limits for both HAP and VOC: ^a 1. 5.2 lb/gal (622 g/liter) - Type I 2. 1.3 lb/gal (160 g/liter) - Type II			
Recordkeeping §63.752(f)(1)	Keep <i>monthly</i> records of mass of organic HAP and VOC emitted per unit volume of maskant as applied, all documentation for these emission values, and the monthly volume usage for each maskant formulation.			

^aDifferent content limits apply to maskants used with Type I or Type II etchants, as shown.

OR

II. (§63.747(e)(2)) Weighted average content



H - MASKANT

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.747(b)	Handle and transfer maskant between containers in a manner that minimizes spills.			
Compliance §63.743(d) and §63.747(c) and (e)(2)	The <i>monthly</i> volume-weighted average organic HAP and VOC contents meet the following limits: 1. 5.2 lb/gal (622 g/liter) - Type I 2. 1.3 lb/gal (160 g/liter) - Type II			
Recordkeeping §63.752(f)(2)	Keep records of <i>monthly</i> volume-weighted average mass of organic HAP and VOC for all maskants, and all documentation for these calculations.			

B. Option 2: (§63.747(d)) Add-on control system



Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.747(b)	Handle and transfer maskant between containers in a manner that minimizes spills.			
Compliance §63.747(d)	Use a control system that reduces organic HAP and VOC emissions with at least 81% overall efficiency (= capture efficiency x removal efficiency or mass balance calculation). See required Records below for verification of efficiency.			
Monitoring §63.751(b)(3)(iii), (b)(iv)	Conduct monitoring of capture and operating parameters established by plan and calculate site specific operating parameter value(s) that demonstrate compliance.			
Monitoring §63.751(b)(6)(iii)(A)	Install, calibrate, operate, and maintain a continuous emission monitor to measure total HAP or VOC concentration exhausted from control device (portable monitor allowed for nonregenerative carbon adsorbers).			
Monitoring §63.751(b)(6)(ii)	Perform a quarterly audit of the continuous emission monitor.			
Monitoring §63.751(b)(6)(iii)(D)	For <i>nonregenerative carbon adsorption systems</i> , replace the carbon at a regular predetermined time interval.			

H - MASKANT

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Monitoring §63.751(b)(8)	For <i>incinerators</i> , install, calibrate, maintain, and operate temperature monitoring equipment according to manufacturer's specifications. Every 3 months, replace or recalibrate temperature sensors (or use a CEMS to verify destruction efficiency).			
Monitoring §63.751(b)(9)	For <i>noncatalytic incinerators</i> , install thermocouples with continuous recorders immediately downstream of the firebox.			
Monitoring §63.751(b)(10)	For <i>catalytic incinerators</i> , install thermocouples with continuous recorders immediately before and after the catalyst bed.			
Recordkeeping §63.752(f)(3) and (4)	<p>Records for carbon adsorbers, as appropriate for the type of system:</p> <ol style="list-style-type: none"> 1. Overall control efficiency, with all data and calculations used to calculate efficiency; <p><i>For mass balance calculation:</i></p> <ol style="list-style-type: none"> 2. Length of rolling material balance period, with all data and calculations; 3. Certification of accuracy for the device that measures recovered HAP or VOC; and <p><i>For nonregenerative carbon adsorbers:</i></p> <ol style="list-style-type: none"> 4. Record of carbon replacement time. <p>Records for other control devices, as appropriate:</p> <ol style="list-style-type: none"> 1. Overall control efficiency and supporting calculations; <p><i>For noncatalytic incinerators:</i></p> <ol style="list-style-type: none"> 2. Continuous records of firebox temperature and calculated 3-hour averages; <p><i>For catalytic incinerators:</i></p> <ol style="list-style-type: none"> 3. Continuous records of temperature before and after the catalyst bed and all calculated 3-hour averages of such temperatures. 			

C. Option 3: (§63.741(i)) Use waterborne maskants



Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
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H - MASKANT

Compliance §63.741(i)	Maskant contains more than 5% water by weight as applied in its volatile fraction and meet applicable HAP and VOC limits. Exemptions from several rule requirements are specified.			
Compliance §63.747(b)	Handle and transfer maskants between containers in a manner that minimizes spills.			
Recordkeeping §63.741(i)	Keep manufacturer's supplied data and <i>annual</i> purchase records for each exempt waterborne maskant for 5 years.			

4. INSPECTOR COMMENTS:

CHEMICAL
MILLING

MR. HOWELL SAID NO MASKANT OPERATION

END OF CHECKLIST H

ATTACHMENT 8

OKL 97-I-93

1730152

ORIGINAL



May 5, 1997

Kansas Department of Health and Environment
Bureau of Air and Radiation
Attn: Permit Coordinator
Building 283
Forbes Field
Topeka, Kansas 66620

To whom it may concern:

Enclosed, please find the corrected EC-01 form for Air Capitol Plating's Class I Operating Permit. Please submit this corrected form with the original report that was sent March 1, 1997. The PTE from the distillation unit (EU-DISTILL) was changed from >10 tons of individual HAPs to <10 tons of individual HAPs. In addition, the PTE of VOCs changed from >100 to <100.

A report demonstrating the methods used to derive the new PTE calculations are on file at the facility for review, if requested. If you have any questions, please contact our environmental consultants, Wichita Industrial Safety Council, Inc. at (316) 685-0777.

Sincerely,

David Duke
Quality Manager

1) Source ID No.: 1730152

[illegible]

State of Kansas



Department of Health and Environment

James J. O'Connell, Secretary

March 12, 1997
Source ID No. 1730152 ✓

Mr. David Duke, Quality Manager
Air Capitol Plating, Inc.
1702 South Knight
Wichita, KS 67213

Dear Mr. Duke:

The Class I operating permit application for the Air Capitol Plating, Inc., received March 3, 1997, has been reviewed and deemed administratively complete for the purpose of filing a timely application. Accordingly, the facility may continue to operate in the same legal capacity as on this date until such time as final agency action is taken on the application or until such time as the application may be deemed incomplete as provided in K.A.R. 28-19-518.

The Kansas Department of Health and Environment may request additional information. Failure to submit any additional information requested by the department within the time-frame specified in the request, or within 60 days of the date of the request, if no time-frame is specified, will result in the application being deemed incomplete as of the date the requested information was to be submitted.

The Kansas air quality regulations require the application to be supplemented or corrected if the applicant becomes aware of relevant facts having been omitted or of incorrect information having been submitted. In addition, the owner or operator is required to submit such additional information as is necessary to address any requirements that become applicable to the facility after the date a complete application was filed but prior to the date the permit is placed on public notice. Please include a signed certification form CR-01 with any additional information submitted to the Department.

Please direct any questions regarding this communication or the Kansas Operation Permit Program to (913) 296-6439.

Sincerely,

A handwritten signature in cursive script, appearing to read "Troy B. Percival".

Troy B. Percival
Engineering Associate
Bureau of Air and Radiation

clc



1120134

WICHITA INDUSTRIAL SAFETY COUNCIL
P.O. Box 781656
WICHITA, KANSAS 67278-1656
Phone: (316) 685-0777 or (800) 239-0777 Fax: (316) 685-8330

February 27, 1997



Kansas Department of Health and Environment
Bureau of Air and Radiation
Building 283
Forbes Field
Topeka, KS 66620

To Whom it May Concern:

Enclosed, please find the Title V Class I operating permit application for Air Capitol Plating, Inc., 1702 S. Knight, Wichita, Kansas 67213, Source I.D. #1730152.

As Air Capitol Plating's environmental consultant, W.I.S.C. has attempted to locate emission factors for all facility operations involving the Title V regulated pollutants from the following references:

- Compilation of Air Pollutant Emission Factors, AP-42
- Locating and Estimating (L&E) Document Series
- FIRE Criteria Pollutant Emission Factors
- FIRE Air Toxic Pollutant Emission Factors
- EPA Transfer Technology Network (TTN) Bulletin Board

We have been thus far unable to locate emission information for the following emission units:

1. **Shot Peening:** Unable to locate any emission information from the above mentioned references or from the shot peen manufacturer. Dick Churchill from Wheelabrator of LaGrange, Georgia claims that the machine is 99% efficient and that no studies of emissions have been performed.
2. **Sand Blasting:** Unable to locate any emission information from the above mentioned references.
3. **Cyanide Electroplating (NaCN):** L&E states that "No emission test data were available for the cyanide plating operations".

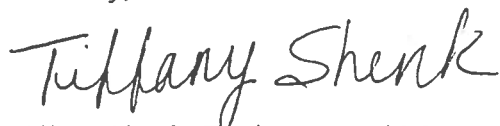
OSHA ● EPA ● DOT
Compliance, Training and Consulting

4. **Cyanide Destruct** (using NaCN or KCN): Unable to location any emission information in the above mentioned references or from Michael Stewart, permit engineer, Bureau of Air and Radiation at KDHE.
5. **Cadmium Plating**: L&E states that "the emission potential from cadmium electroplating tanks is extremely low... 50% of cadmium plating facilities reported zero emissions (on the Toxic Release Inventory) and 25% reported less than 10 lbs/year of cadmium released."
6. **Nickel Plating**: Unable to locate any emission information from the above mentioned references.
7. **Any Metal Process Tank**: Unable to locate any emission information from the above mentioned references.

On behalf of Air Capitol Plating, W.I.S.C. wishes to obtain a permit shield for the above sources/emission units. If it is later determined that an emission factor exists for any of these processes, we will be happy to calculate emissions at that time.

If you have any questions, please feel free to contact me at 316/685-0777.

Sincerely,



Tiffany Shenk, Environmental Manager
Wichita Industrial Safety Council

CLASS I OPERATING PERMIT
APPLICATION FORM
MASTER LIST

Fill in the 7-digit source ID number (previously referred to as the permit number) that KDHE has requested to be used when corresponding with the Bureau of Air and Radiation (BAR). If the source has never been issued an air emission permit before, leave this line blank.

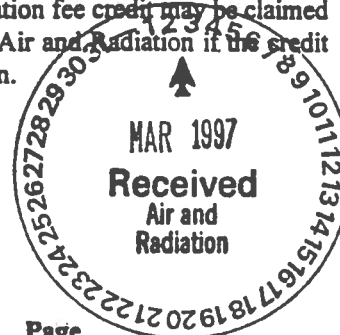
Source ID Number: 1730152

The following is a list of all class I operating permit application forms. In the blank by each form, enter the number of times that form is used in this operating permit application package. Enter "0" if that form is not used in this application package.

Application Fee

An application pertaining to a class I operating permit shall not be deemed complete unless accompanied by the appropriate fee [K.A.R. 28-19-516]. K.A.R. 28-19-516 (c) provides an application fee credit may be claimed by a source which also pays an annual emission fee. Contact the Bureau of Air and Radiation if the credit applies. Check the amount of application fee included in this permit application.

- ☐ \$1,000 for initial application
☐ \$1,000 for renewal application
☐ \$500 for application for a significant modification
☒ Annual emission fee credit claimed



(GI) General Information Forms

		Page
<input checked="" type="checkbox"/>	GI-01 Source Information	43
<input checked="" type="checkbox"/>	GI-02A Process Flow Diagram	45
<input checked="" type="checkbox"/>	GI-02B Site Diagram	46
<input type="checkbox"/>	GI-05A Pollution Control Equipment Information	47
<input checked="" type="checkbox"/>	GI-05G Insignificant Activities and Emission Levels Information ...	48
<input type="checkbox"/>	GI-05H Fugitive Emission Source Information	49
<input checked="" type="checkbox"/>	GI-05I Tank Information	50
<input checked="" type="checkbox"/>	GI-05J Emission Unit Information	51
<input checked="" type="checkbox"/>	GI-06 Stack/Vent Diagram	52
<input checked="" type="checkbox"/>	GI-09 Determination of Applicable Requirements	53

(EC) Emission Calculations Forms

<input checked="" type="checkbox"/>	EC-01 Emissions Calculation	61
<input checked="" type="checkbox"/>	EC-01A Emission Group Information	62

(CD) Compliance Demonstration Forms

<input checked="" type="checkbox"/>	CD-01 Compliance Plan & Certification	63
<input checked="" type="checkbox"/>	CD-01A Compliance Group Information	64
<input checked="" type="checkbox"/>	CD-03 Compliance Schedule	65

(ME) Monitoring Equipment Form

<input type="checkbox"/>	ME-01 Continuous Monitoring System Information	66
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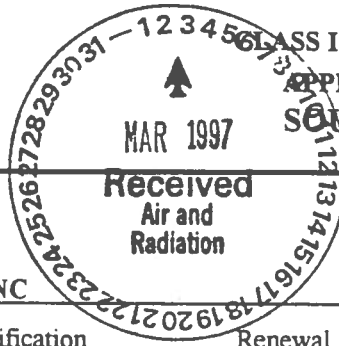
(MOD) Modification Form

<input type="checkbox"/>	MOD-01 Modification Description	67
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(CR) Certification Form

<input checked="" type="checkbox"/>	CR-01 Certification	68
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Kansas Department of Health and Environment
Bureau of Air and Radiation
Forbes Field, Bldg. 283, Topeka KS 66620
Phone (913) 296-6422 Fax (913) 291-3953



ORIGINAL

- 1) Source ID Number: 1730152
- 2) Site Name: AIR CAPITOL PLATING, INC
- 3) Type of Class I Permit: Initial X Modification Renewal
- 4) Source Location: County: SEDGWICK
Street Address: 1702 SOUTH KNIGHT
City: Wichita State: KS
or Section - Township: - Range: -
Mailing Address: SAME
City: Wichita State: KS Zip: 67213
- 5) Corporate/Company Owner:
Name: Michael Wilson
Mailing Address: SAME
City: - State: - Zip: -
- 6) Corporate/Company Operator (if different than owner):
Name: Keith Dial
Mailing Address: SAME
- 7) Repsonsible official for this permit/source:
Mr/Ms: Mr. David Duke Phone: (316) 943-0731
Title: Quality Manager Fax: (316) 943-1028
At (check one): Owner Address Operator Address Source Address X
Other (specify)
- 8) Contact person for this permit:
Mr/Ms: Mr. David Duke Phone: (316) 943-0731
Title: Quality Manager Fax: (316) 943-1028
At (check one): Owner Address Operator Address Source Address X
Other (specify)
- 9) Standard Industrial Classification (SIC) Code and description for the source:
Primary: 3471 - Plating and Polishing (chemical plating/aircraft parts)
Other (if applicable):
- Primary product produced (or activity performed) at the source: chemical plating and painting of aircraft parts

- 11) Are any alternative operating scenarios proposed in this permit application?

Yes _____ No X

If yes, attach a description of the proposal with copies of the basic forms affected by the operating change, notated as to information no longer applicable and noting new information applicable to the alternative operating scenarios.

- 12) List pollutants for which the source is major:

Trichloroethylene (HAP)

Methyl Ethyl Ketone (HAP)

Xylene (HAP)

VOCs

Combined HAPs

- 13) List pollutants for which the source has accepted or proposed permit limitations in order to reduce potential-to-emit to below major source thresholds: **NONE**

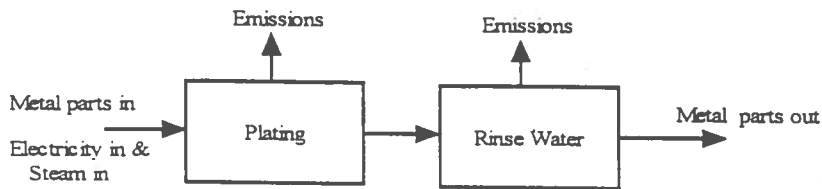
- 14) Brief description of the source or proposed source to be permitted (attach additional sheet if necessary):

Air Capitol Plating, Inc is a chemical plating plant for aircraft parts. The processes involved at the facility include vapor degreasing, metal finishing processes (anodizing, pickling, passivating, plating, chemical conversion), magnaflux, masking, shot peening, sandblasting, painting of aircraft parts, and waste treatment. The emission units present at the facility are: two paint booths, two vapor degreasers, a filter cake oven, chromic acid anodizing, paint stripping, and the distillation unit.

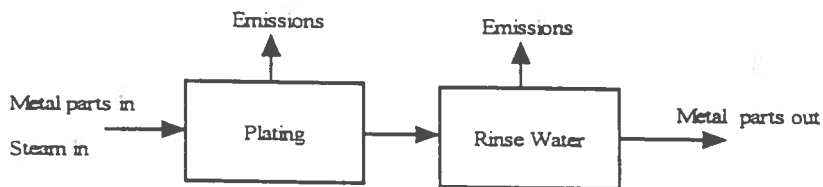
- 1) Source ID No.: 1730152
2) Flow Diagram:

Air Capitol Plating
PROCESS FLOW DIAGRAMS

ELECTROPLATING

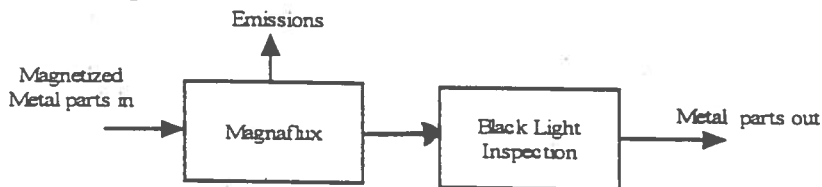


ELECTROLESS PLATING

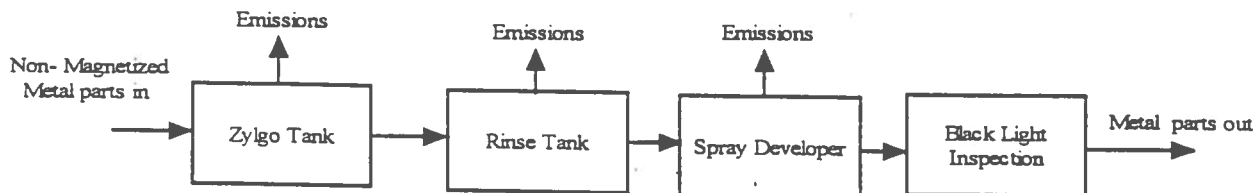


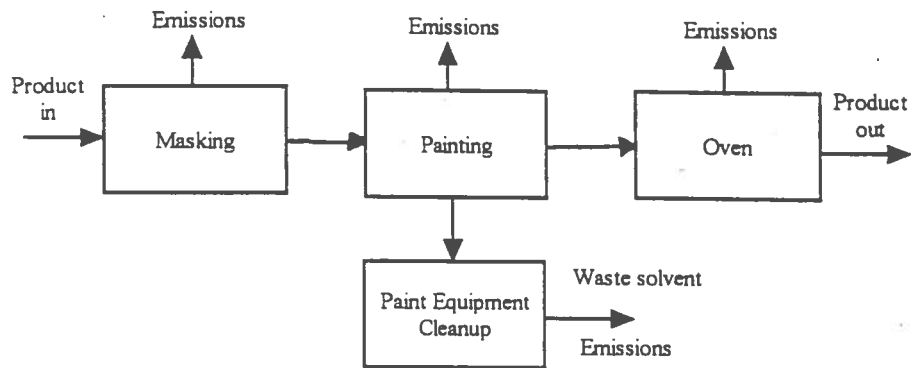
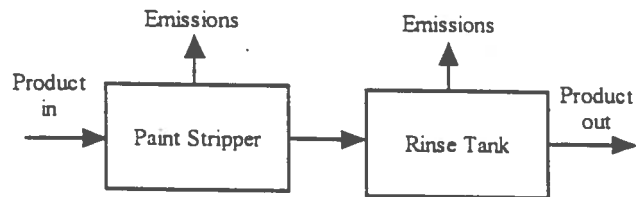
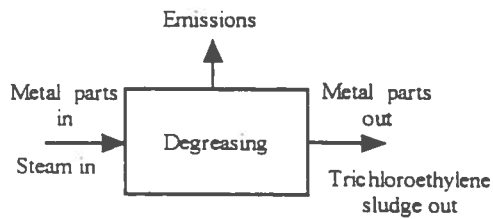
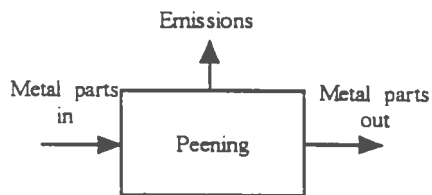
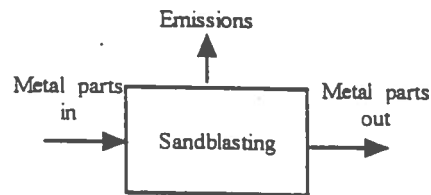
METAL INSPECTION

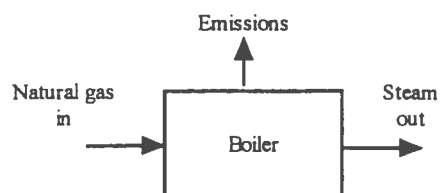
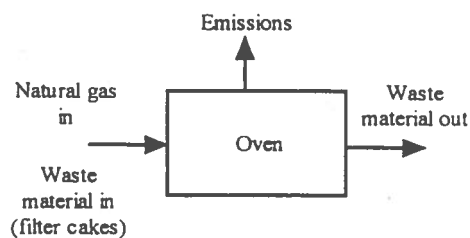
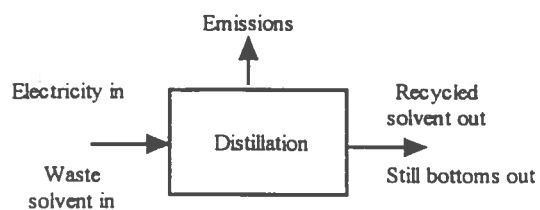
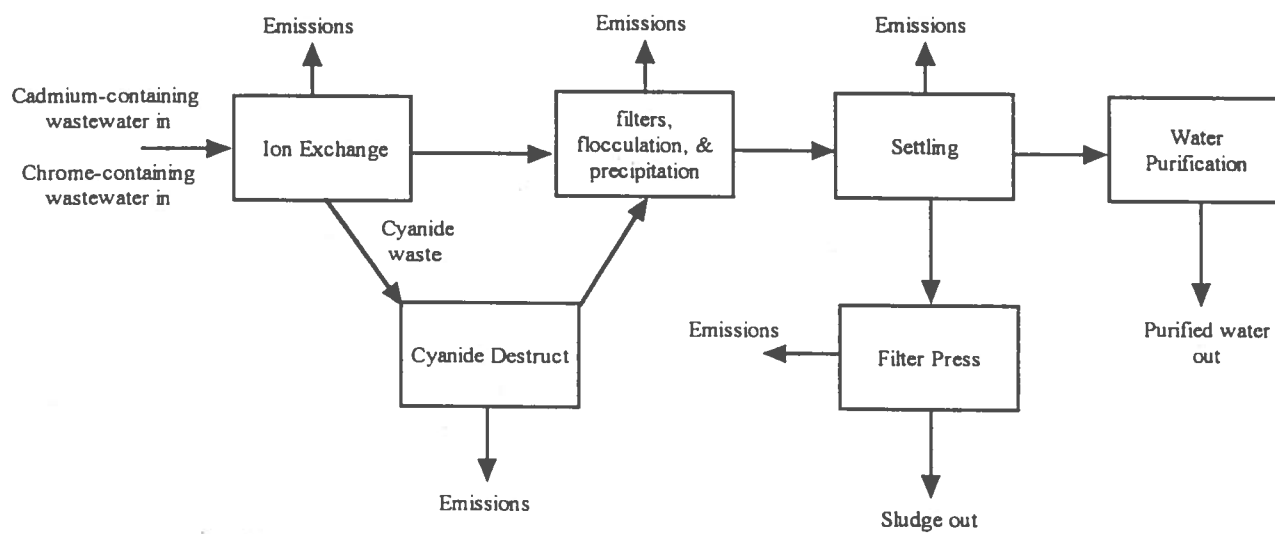
Magnaflux



Dye Penetrant



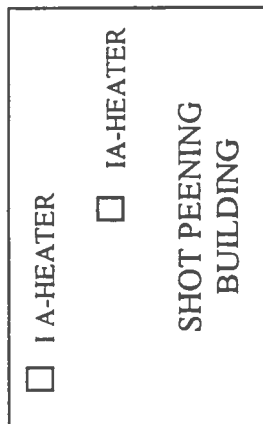
PAININGPAINT STRIPPINGVAPOR DEGREASINGSHOT PEENINGSANDBLASTING

BOILERSINCINERATORDISTILLATION UNITWASTE TREATMENT/WATER TREATMENT

- 1) Source ID No.: 1730152
2) Site Diagram:

SEE ATTACHED SHEET...

○ SV-GENBLDG4

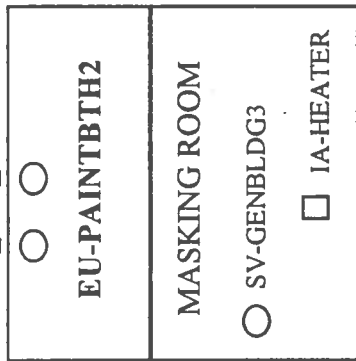


SV-PBSTACK1



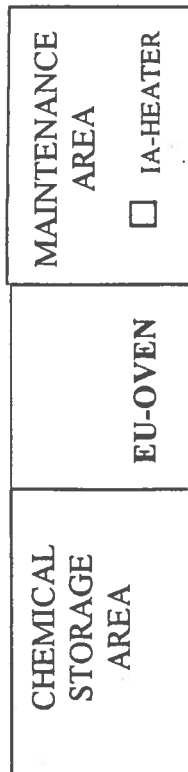
SV-PBSTACK2

N



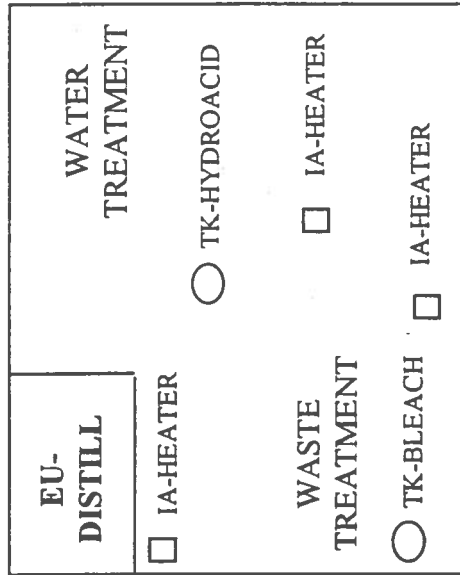
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○ SV-BOILSTACK2



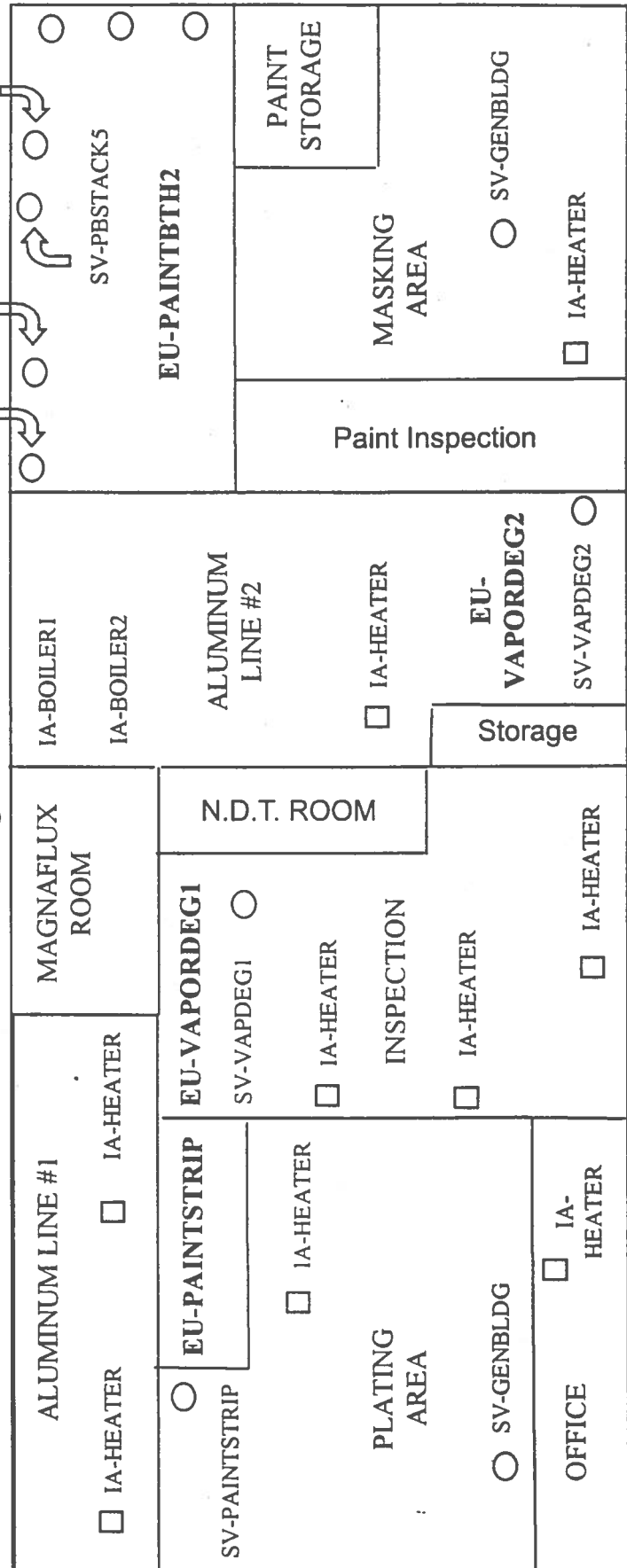
○ SV-OVEN

○ SV-GENBLDG2



SV-PBSTACK3 SV-PBSTACK4 SV-PBSTACK6

SV-PBSTACK7,8,9
(under construction)



Health and Environment CLASS I OPERATING PERMIT
ation APPLICATION FORM • **GI-05G**
INSIGNIFICANT ACTIVITIES AND EMISSION LEVELS INFORMATION

[illegible]

CLASS I OPERATING PERMIT
APPLICATION FORM **GI-051**
TANK INFORMATION

[illegible]

50

1) Source ID No.: 1730152

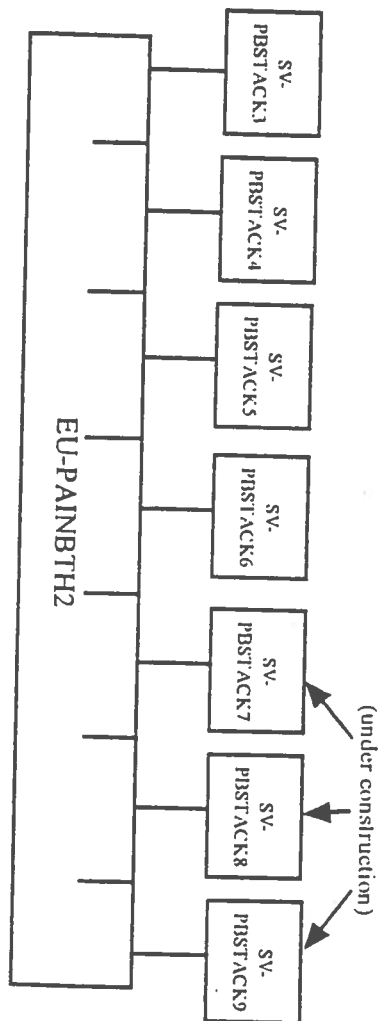
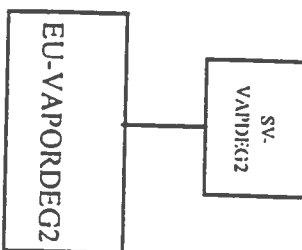
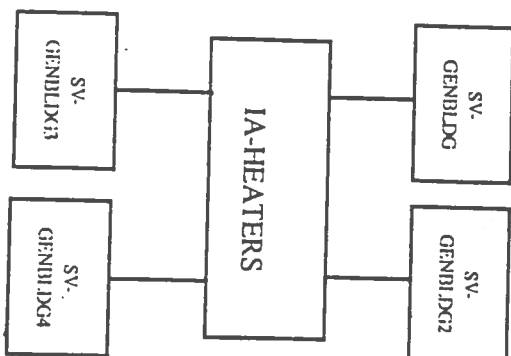
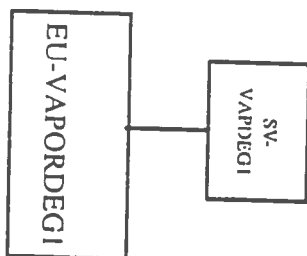
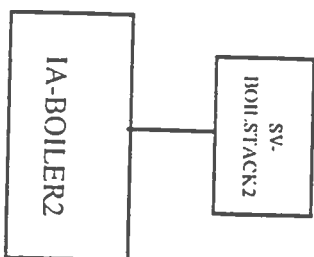
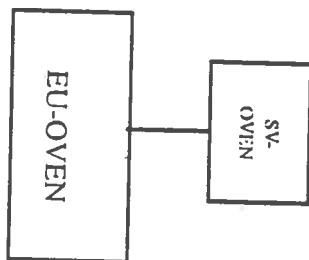
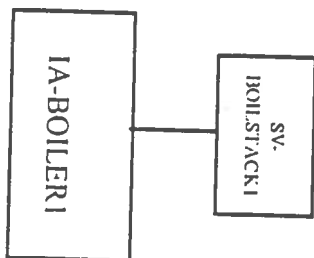
2a) Emission Unit ID	2b) Emission Unit Description	2c) Stack/Vent ID	2d) Control Equipment ID
EU- PAINTBTH1	PAINTBOOTH	SV-PBSTACK1 SV-PBSTACK2	NA
EU- PAINTBTH2	PAINTBOOTH	SV-PBSTACK3 SV-PBSTACK4 SV-PBSTACK5 SV-PBSTACK6 SV-PBSTACK7 SV-PBSTACK8 SV-PBSTACK9	NA
EU- VAPORDEG1	VAPOR DEGREASER	SV-VAPDEG1	NA
EU- VAPORDEG2	VAPOR DEGREASER	SV-VAPDEG2	NA
EU- PAINTSTRIP	PAINT STRIPPING	SV-PAINTSTRIP	NA
EU- DISTILL	DISTILLATION UNIT	SV-GENBLDG1	NA
EU- OVEN	FILTER CAKE OVEN	SV-OVEN	NA
EU-			
EU-			
EU-			

DUPLICATE THIS FORM AS NEEDED

- ```

graph TD
 A[EU-PAINBTH1] --- B[SV-PISTACK1]
 A --- C[SV-PBSTACK2]
 D[EU-PAINTSTRIP] --- E[SV-PAINTSTRIP]
 F[EU-DISTILL] --- G[SV-GENBLDG2]

```



**DETERMINATION OF APPLICABLE REQUIREMENTS**

Source ID Number: 1730152

**Standards of Performance for New Stationary Sources**

Read through the source category list of New Source Performance Standards (NSPS) in Table A. If an affected facility has been modified (as defined in 40 CFR 60.14), reconstructed (as defined in 40 CFR 60.15) or constructed on or after the effective date listed in the table, it may be subject to requirements of NSPS. To make the final determination, refer to the corresponding 40 CFR part 60 subpart. Submit corresponding application forms for each NSPS emission unit. Some non-major sources are also required by the applicable requirement to obtain a class I operating permit.

☐ Yes, the following subparts apply (e.g., NSPS subparts D, K, etc.):

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Complete the CD forms to address all applicable requirements.

- ☐ Yes, the source is a non-major source which is required to obtain a class I operating permit. Contact BAR if the answer to this question is yes.
- ☒ No, NSPS regulations do not apply to this source.

**CFC (Stratospheric Ozone)**

(40 CFR 82 and 1990 CAAA §601-618)

If the source manufactures, sells, distributes or uses any of the Class I and Class II ozone-depleting substances identified in the 1990 CAAA (see Table B), then CAAA §601-618 may apply.

☐ Yes, the source DOES manufacture, sell, distribute or use the following chemicals:

| Chemical Name | Class Type | Replacement Chemical<br>(after phase out) |
|---------------|------------|-------------------------------------------|
|               |            |                                           |
|               |            |                                           |
|               |            |                                           |
|               |            |                                           |
|               |            |                                           |
|               |            |                                           |

☒ No, the source does NOT manufacture, sell, distribute or use any chemicals from the list.

**Acid Rain (Phase I and II Facilities)**

(40 CFR 72, 40 CFR 73, and 1990 CAAA §401-416)

An affected source is required to get a Class I operating permit. A source which is designated as a Phase I or Phase II source under Title IV of the 1990 CAAA (see Table C) is an affected source.

An electrical generating unit which commenced operation after 11/15/90, sells electricity, and is not operating under a new unit exemption is an affected source.

An electrical generating unit that, after 11/15/90, serves a generator unit with a nameplate capacity greater than 25 megawatts and sells electricity is an affected source.

A simple combustion turbine that added or began using auxiliary firing after 11/15/90 and sells electricity is an affected source.

If the source combusts fossil fuel and generates electricity for wholesale or retail (such as a cogeneration facility, a qualifying facility as defined in the Federal Power Act, an independent power producer, or a solid waste incinerator), review the applicability definitions in 40 CFR 72.6 to make a determination whether the source is an affected source.

- ☐ Yes, the source is an affected source as defined above. Complete form CD-01 to address all applicable requirements.
- ☐ Check this box if the source has an electrical generating unit that commenced operation after November 15, 1990, produces electricity for sale, serves one or more generators with a total nameplate capacity of 25 megawatts or less, burns only fuels with a sulfur content of 0.05% or less by weight in the new electrical generating unit and has a new unit exemption for each such electrical generating unit. Complete form CD-01 for each such electrical generating unit.
- ☒ No, the source is NOT an affected facility.

**Hazardous Air Pollutants (HAP) Emission Sources**

(40 CFR 63)

- 1) If the source has the potential to emit ten (10) tons per year or more of any single pollutant or twenty five (25) tons per year or more of any combination of pollutants listed in Table D, the source is a major HAP source and needs a Class I operating permit. Some area (non-major) sources are also required by the applicable requirement to obtain a class I operating permit.
- ☒ Yes, the source is a major HAP source and requires a Class I operating permit. Complete the CD forms to address all applicable requirements.
- ☐ Yes, the source is an area (non-major) source which is required to obtain a class I operating permit. Contact BAR if the answer to this question is yes.
- ☐ No, the source is NOT a major HAP source.
- 2) Read through the Categories of Sources of Hazardous Air Pollutants (Table E) and check one of the following:
- ☒ Yes, the source includes equipment that fits one or more of the major source categories listed in Table E. If yes, complete the following:

| <u>Categories</u>                                | <u>Scheduled Promulgation Date</u> |
|--------------------------------------------------|------------------------------------|
| Misc. Metal Parts and Products (surface coating) | 11/15/00                           |
| Paint Stripper Users                             | 11/15/00                           |
| Chromic Acid Anodizing                           | 11/15/94                           |

If the source is subject to a proposed or promulgated standard, complete the CD forms to address all applicable requirements.

- ☐ No, the source does NOT have any equipment that fits any of the major source categories listed in Table E.

**Section 112 (r) Sources**

(1990 CAAA §112(r))

- 1) Read through the list in Table F, Accidental Release Prevention list of regulated toxic/flammable substances and threshold quantities. List the substances which are in any process on the facility in an amount greater than the threshold quantities [§112(r)]:

---

Nitric Acid CAS #7697-37-2

---

Hydrofluoric Acid CAS #7664-39-3

---

And check one of the following:

- ☒ Yes, the source is subject to §112(r), Prevention of Accidental Releases.  
☐ No, the source is NOT subject to §112(r).

If yes, has a management plan for the prevention of accidental releases that covers hazard assessment, pollution prevention, and emergency response issues been submitted to (1) Local Emergency Planning Committee; (2) State of Kansas; and (3) National Chemical Hazardous Investigation Board.

- ☐ Yes. ☒ No.

If no, submit a compliance schedule (Form CD-03).

**Hazardous Organic NESHAP (HON) Rule**

(40 CFR 63)

The HON rule applies to production of 386 chemical substances produced by Synthetic Organic Chemical Manufacturing Industry (SOCMI) as commercial products. A source is subject to the HON rule if the source: 1) is a major HAP source; 2) manufactures as a primary product one or more of the chemicals listed in Table G of the appendices; and 3) uses as a reactant or manufactures as a product, by-product, or co-product, one or more of the organic hazardous air pollutants listed in Table H of the appendices.

The HON Rule also includes certain equipment leak provisions that apply to non-SOCMI facilities, such as styrene/butadiene rubber production (butadiene and styrene emissions only); polybutadiene rubber production (butadiene emissions only); production of certain agricultural chemicals (butadiene, carbon tetrachloride, methylene chloride, and ethylene dichloride emissions only); certain polymers/resins or other chemical processes (carbon tetrachloride, methylene chloride, tetrachloroethylene, chloroform, ethylene dichloride, and butadiene emissions only); and pharmaceutical processes using carbon tetrachloride or methylene chloride (carbon tetrachloride and methylene chloride emissions only).

- ☐ Yes, the source (or a portion of it) is subject to the HON rule. Complete the CD forms to address all applicable requirements.  
☒ No, the source is NOT subject to HON requirements.

**National Emission Standard for Hazardous Air Pollutants (NESHAP)**

(40 CFR 61)

Read through Table I. If the source emits any of the listed pollutants, and the source type, process or equipment matches those associated with the pollutant, a NESHAP requirement may apply to the source. To determine if a standard applies to the source, refer to the corresponding 40 CFR 61 subpart(s).

- ☐ Yes, the source (or a portion of it) is subject to a NESHAP requirement. Complete the CD forms to address all applicable requirements.  
☒ No, the source is NOT subject to a NESHAP requirement.

**VOC Regulations for Sources in Wyandotte and Johnson Counties (Reasonably Available Control Technology Rules)**

If the source is located in Wyandotte or Johnson county and belongs to one or more of the following source categories, check KAR §28-19-61 through §28-19-77 to determine whether the source is subject to those regulations (check all that apply):

- ☐ Automobile and light duty truck surface coating (manufacturing only)
- ☐ Bulk gasoline terminals
- ☐ VOC liquid storage in permanent fixed roof type tanks
- ☐ VOC liquid storage in external floating roof tanks
- ☐ Petroleum refineries
- ☐ Leaks from petroleum refinery equipment
- ☐ Cutback asphalt
- ☐ Leaks from gasoline delivery vessels and vapor collection systems
- ☐ Printing operations
- ☐ Gasoline dispensing facilities
- ☐ Surface coating of miscellaneous metal parts and products and metal furniture
- ☐ Wool fiberglass manufacturing
- ☐ Solvent metal cleaning
- ☐ Lithograph printing operations
- ☐ Chemical processing facilities that operate alcohol plants or liquid detergent plants

Complete the CD forms to address all applicable requirements.

☒ N/A

**Enhanced Monitoring**

(40 CFR Part 64, 1990 CAAA §114(a)(3) and §504(b))

As of March 1996, federal EPA has not promulgated any enhanced monitoring regulation. The source may be subject to enhanced monitoring requirements and the submission of compliance certifications once regulations are promulgated.

**Solid Waste Combustion**

(1990 CAAA, §129(e), and KAR §28-19-500)

Is the source a municipal solid waste incinerator subject to rules adopted under section 129(e) of the federal Clean Air Act?

- ☐ Yes. Complete the CD forms to address all applicable requirements.
- ☒ No.

**Permit Conditions**

Conditions in construction permits which affect operations or emissions of the source in any manner are applicable requirements. Review all construction permits issued to this source. Check one of the following:

- ☐ Yes, the source has permit conditions. Complete the CD forms to address all applicable requirements.
- ☒ No, the source has no permit conditions.

**Kansas State Implementation Plan (SIP) Rules**

(KAR 28-19-20 through KAR 28-19-52)

## 1) Particulate Matter Emission Limitations (KAR 28-19-20).

If the source has any emission of particulate matter from any processing machine, equipment, device or other articles, or combination thereof, excluding indirect heating equipment and incinerators, the source is subject to KAR 28-19-20.

- ☐ Yes, the source is subject to KAR 28-19-20. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity not listed in the CD forms is certified by the applicant as being in compliance with this requirement.
- ☒ No, the source is NOT subject to KAR 28-19-20.

## 2) Sulfur Compound Emissions (KAR 28-19-22).

If the source has primary nonferrous smelters or any process gas stream that contains H<sub>2</sub>S in concentrations greater than 10 grains per 100 cubic feet of gas, the source is subject to KAR 28-19-22.

- ☐ Yes, the source is subject to KAR 28-19-22. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity not listed in the CD forms is certified by the applicant as being in compliance with this requirement.
- ☒ No, the source is NOT subject to KAR 28-19-22.

## 3) Hydrocarbon Emissions Stationary Sources (KAR 28-19-23)

If the source has any stationary tank reservoirs or other containers of more than 40,000 gallons capacity of gasoline or any petroleum distillate having a vapor pressure of 3.0 pounds per square inch, absolute, or greater under actual storage conditions, the source may be subject to KAR 28-19-23.

- ☐ Yes, the source is subject to KAR 28-19-23. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity or equipment not listed in the CD forms is certified by the applicant as being in compliance with this requirement.
- ☒ No, the source is NOT subject to KAR 28-19-23.

## 4) Carbon Monoxide (CO) Emissions (KAR 28-19-24).

If the source has a grey iron cupola, the source may be subject to KAR 28-19-24.

- ☐ Yes, the source is subject to KAR 28-19-24. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity or equipment not listed in the CD forms is certified by the applicant as being in compliance with this requirement.
- ☒ No, the source is NOT subject to KAR 28-19-24.

5) Sulfuric Acid Mist ( $H_2SO_4$ ) Emissions (KAR 28-19-26).

Sulfuric acid production activity is defined as a activity producing sulfuric acid through the contact process by burning elemental sulfur, alkylation acid, hydrogen sulfide, organic sulfides and mercaptans, or acid sludge. Sulfuric acid production activities do not include activities in which the conversion to sulfuric acid is used primarily to prevent emissions to the atmosphere of sulfur dioxide or other sulfur compounds.

If the source has a sulfuric acid production activity the source may be subject to KAR 28-19-26.

- ☐ Yes, the source is subject to KAR 28-19-26. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity or equipment not listed in the CD forms is certified by the applicant as being in compliance with this requirement.
- ☒ No, the source is NOT subject to KAR 28-19-26.

## 6) Indirect Heating Equipment Emissions (KAR 28-19-30 through KAR 28-19-32).

Indirect heating equipment is any equipment in which fuel is burned for the primary purpose of producing steam, hot water, or hot air or other indirect heating or liquids, gases, or solids and in the course of doing so, the products of combustion do not come into direct contact with process materials.

If the source has any indirect heating equipment, the source may be subject to KAR 28-19-30 through KAR 28-19-32.

- ☐ Yes, the source is subject to KAR 28-19-30 through KAR 28-19-32. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity or equipment not listed in the CD forms is certified by the applicant as being in compliance with this requirement.
- ☒ No, the source is NOT subject to KAR 28-19-30 through KAR 28-19-32.

## 7) Incinerator Emissions (KAR 28-19-40 through KAR 28-19-43).

If the source has a waste incinerator or pyrolysis unit or modified open burning operation, the source may be subject to KAR 28-19-40 through KAR 28-19-43.

- ☐ Yes, the source is subject to KAR 28-19-40 through KAR 28-19-43. Complete the CD forms to address all applicable requirements.
- ☒ No, the source is NOT subject to KAR 28-19-40 through KAR 28-19-43.

## 8) Opacity Requirements (KAR 28-19-50)

Complete the CD forms to address opacity requirements for any emission activity except fugitive emissions.

Unless an applicable requirement specifies a lower opacity:

- All Wyandotte County sources are subject to 20% opacity limitation.
- All incinerators are subject to 20% opacity limitation.
- Processing of materials, other use of premises and indirect heating equipment that existed on January 1, 1971 are subject to 40% opacity limitation.
- Processing of materials, other use of premises and indirect heating equipment not existing on January 1, 1971 are subject to 20% opacity limitation.

For the purposes of completing the CD forms, the following emission sources may be presumed to be in compliance with any opacity limits of 20% or greater:

- Heaters burning refinery gas at refineries, degreasing operations, painting operations, non-heat set printing operations, other non-heat set evaporative VOC sources, petroleum product storage tanks and glycol dehydrators.



For the purposes of completing the CD forms, the following emission sources may be presumed to be in compliance with any opacity limits of 20% or greater when operating on natural gas or propane/LPG:

- Burners in indirect heating applications, space heaters, turbines, internal combustion engines or boilers. ~~This presumption does not include emissions from the material being heated in indirect heating applications.~~

The above listed presumptions allow those listed emission sources to be shown in compliance by entering "burns natural gas/propane/LPG" or "<20% opacity presumed", whichever is applicable, in column 2e) of form CD-01.

- 9) Is the source subject to any federally-enforceable emission limits which conflict with any applicable requirements?

Yes \_\_\_\_\_ No X If yes, explain (use additional sheets as necessary):

Complete the CD forms to address all applicable requirements.

- 10) Does the applicant propose any exemptions from otherwise applicable requirements?

Yes \_\_\_\_\_ No X If yes, explain (use additional sheets as necessary):

If "Yes" is checked, does the applicant request that the permit shield apply? Yes \_\_\_\_\_ No \_\_\_\_\_

- 11) Does the applicant propose any federally enforceable permit conditions?

Yes \_\_\_\_\_ No X If yes, list them (use additional sheets as necessary):

Complete the CD forms to address all applicable requirements.

- 12) Does the applicant propose any permit terms and conditions allowing emissions trading which are otherwise authorized in the Kansas air quality regulations?

Yes \_\_\_\_\_ No X If yes, list terms and conditions and reference the regulation which authorizes the emission trading (use additional sheets as necessary):

Complete the CD forms to address all applicable requirements.

- 13) Wyandotte County sources only. Is the source subject to any Wyandotte County ordinance as adopted into the Kansas State Implementation Plan at 40 CFR 52.870(c)(9)(iii)?

Yes \_\_\_\_\_ If yes, complete the CD forms to address all applicable requirements.  
No \_\_\_\_\_  
N/A X

**Applicable Requirements That Will Become Effective During Permit Term**

The following applicable requirements will become applicable to the source during the permit term:

Standard for Misc. Metal Parts and Products

(surface coating); Standards for Paint Stripper Users.

The applicant is required to state that the emission unit or stationary source will meet, on a timely basis, all applicable requirements that will become effective during the permit term.

~~The Applicant Must Check the Following Box "Yes" in Order for this Application to be Determined Complete:~~

Yes X The stationary source which is the subject of this application will meet, on a timely basis, any applicable requirements which become effective during the permit term.

**Kansas Department of Health and Environment  
Bureau of Air and Radiation**

**CLASS I OPERATING PERMIT  
APPLICATION FORM EC-01  
EMISSIONS CALCULATION**

1) Source ID No.: 1730152

| 2a)<br>Emission Source or<br>Emission Group ID | 2b)<br>Pollutant | 2c)<br>Potential-<br>to-Emit<br>(tons/yr) | 2d)<br>Calculation<br>Method<br>Code (CM) Code | 2e)<br>Calculation Method Description<br>(if CM code is 99) |
|------------------------------------------------|------------------|-------------------------------------------|------------------------------------------------|-------------------------------------------------------------|
| EG-2PAINTBTHS                                  | Individual HAPs  | >10                                       | 010                                            | -                                                           |
|                                                | Combined HAPs    | >25                                       | 010                                            | -                                                           |
|                                                | PM <sub>10</sub> | <100                                      | 010                                            | -                                                           |
|                                                | VOCs             | <100                                      | 010                                            | -                                                           |
| EG-VAPORDEGRE                                  | Individual HAP   | >10                                       | 010                                            | -                                                           |
| EU-PAINTSTRIP                                  | Individual HAPs  | <10                                       | 010                                            | -                                                           |
|                                                | Combined HAPs    | <25                                       | 010                                            | -                                                           |
| EU-OVEN                                        | NO <sub>x</sub>  | <100                                      | 010                                            | -                                                           |
|                                                | SO <sub>x</sub>  | <100                                      | 010                                            | -                                                           |
|                                                | PM <sub>10</sub> | <100                                      | 010                                            | -                                                           |
| EU-DISTILL                                     | Individual HAP   | >10                                       | 010                                            | -                                                           |
|                                                | VOCs             | >100                                      | 010                                            | -                                                           |
|                                                | PM <sub>10</sub> | <100                                      | 010                                            | -                                                           |
|                                                |                  |                                           |                                                |                                                             |
|                                                |                  |                                           |                                                |                                                             |
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DUPLICATE THIS FORM AS NEEDED

| 2a)<br>Emission Group <u>ID</u> | 2b)<br>Emission <u>Source</u> ID |
|---------------------------------|----------------------------------|
| <u>EG-</u>                      |                                  |
| <u>EG-</u>                      |                                  |
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| <u>EG-</u>                      |                                  |
|                                 |                                  |
|                                 |                                  |

1) Source ID No.: 1730152

| 2a)<br>Emission Source or<br>Compliance Group<br>ID | 2b)<br>Citation | 2c)<br>Applicable Requirement | 2d)<br>Compliance<br>Status | 2e)<br>How is compliance status to be demonstrated?<br>(Monitoring, reporting, record keeping, and/or<br>performance test) | 2f)<br>Certification<br>Report<br>Schedule | 2g)<br>Subject to<br>Enhanced<br>Monitoring<br>Rule? |
|-----------------------------------------------------|-----------------|-------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|
| CG-BOILERS                                          | K.A.R. 28-19-50 | Opacity limit of 20%          | IN                          | Burns natural gas, presumed to be in compliance<br>per Form GI-09 "SIP Rules" - 8)                                         | NA                                         | NO                                                   |
| CG-2PAINTBTHS                                       | K.A.R. 28-19-50 | Opacity limit of 20%          | IN                          | Presumed to be in compliance per Form GI-09<br>"SIP Rules" - 8)                                                            | NA                                         | NO                                                   |
| CG-VAPORDEGRE                                       | K.A.R. 28-19-50 | Opacity limit of 20%          | IN                          | Presumed to be in compliance per Form GI-09<br>"SIP Rules" -8)                                                             | NA                                         | NO                                                   |
| IA-HEATERS                                          | K.A.R. 28-19-50 | Opacity limit of 20%          | IN                          | Burns natural gas, presumed to be in compliance<br>per Form GI-09 "SIP Rules" - 8)                                         | NA                                         | NO                                                   |
|                                                     |                 |                               |                             |                                                                                                                            |                                            |                                                      |
|                                                     |                 |                               |                             |                                                                                                                            |                                            |                                                      |

DUPLICATE THIS FORM AS NECESSARY

1) Source ID No.: 1730152

| 2a)<br>Compliance Group ID | 2b)<br>Emission Source ID    |
|----------------------------|------------------------------|
| CG-2PAINTBTHS              | EU-PAINTBTH1<br>EU-PAINTBTH2 |
| CG-VAPORDEGRE              | EU-VAPORDEG1<br>EU-VAPORDEG2 |
| CG-BOILERS                 | IA-BOILER1<br>IA-BOILER2     |
| CG-                        |                              |
| CG-                        |                              |
| CG-                        |                              |
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| 2a)<br>Compliance Group ID | 2b)<br>Emission Source ID |
|----------------------------|---------------------------|
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| CG-                        |                           |

DUPLICATE THIS FORM AS NEEDED

1) Source ID No.: 1730152

2) Site Name: AIR CAPITOL PLATING, INC

The source must submit a compliance schedule with the permit application if, on the date of application, the source is out of compliance with any applicable requirement. This compliance schedule shall resemble and be at least as stringent as that contained in any judicial consent decree or administrative order to which the equipment, emissions source or stationary source is subject. The emissions unit or stationary source which is the subject of this permit shall continue to comply with all applicable requirements.

3) Non-Compliant Emission Source or Compliance Group ID: NA

4) Applicable Requirement from CD-01, column 2c): 1990 CAAA Part 112 (r)

5) Describe non-compliance and actions to be taken to bring into compliance:

Risk Management Plan for 112 (r) not yet submitted.

| 6) Milestones or Intermediate Steps                                                                                                                                         | Date of Completion |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| a) Date by which preliminary evaluation of process change completed                                                                                                         | NA                 |
| b) Date by which binding agreement entered into to alter emission unit or equipment                                                                                         | NA                 |
| c) Date by which construction permit applied for air pollution control equipment for this emission unit or equipment, or for replacement of this emission unit or equipment | NA                 |
| d) Date by which new emission source or equipment delivered to the source. If present emission unit or equipment was altered, state date such alteration began              | NA                 |
| e) Date by which construction of new emission source or equipment completed                                                                                                 | NA                 |
| f) Date by which alteration of existing emission source or equipment completed                                                                                              | NA                 |
| g) Date by which emission source or equipment tested to demonstrate compliance with the applicable requirements                                                             | NA                 |
| h) Other (Specify):                                                                                                                                                         |                    |
| Risk management plan will be submitted before the deadline of June 21, 1999                                                                                                 |                    |
|                                                                                                                                                                             |                    |
|                                                                                                                                                                             |                    |
| i) Date by which emission unit or compliance group in full compliance                                                                                                       | NA                 |

7) Progress Report Schedule

NA

Every

months beginning

/

/

(A schedule for submission of certified progress reports  
no less frequently than every 6 months)

Source ID No.: 1730152

Site Name: AIR CAPITOL PLATING, INC

### CERTIFICATION

I certify under penalty of law that the enclosed documents and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I also certify that the stationary source identified in this application is in compliance with all applicable requirements including those that will become applicable during the term of the permit, except those requirements for which a compliance schedule has been submitted in Compliance Schedule Form (CD-03). I understand that failure to comply with any term of a compliance schedule is considered to be a violation of regulation K.A.R. 28-19-511.

Name of Responsible Official (print or type): DAVID C. DUKE

Title: QUALITY CONTROL MANAGER

Signature: David C. Duke

Date: 02 / 28 / 97

Any person who fails to submit any relevant facts or who has submitted incorrect information in a permit application shall, upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary facts or corrected information. In addition, an applicant shall provide additional information as necessary to address any requirements that become applicable to the stationary source after the date a complete application was filed but prior to the solicitation of public comments regarding the proposed permit. [K.A.R. 28-19-511 (f)]



## ATTACHMENT 9

| PAINT              | TYPE         | VOC (G/L)<br>AS APPLIED<br>LESS WATER | USAGE/MO<br>GALLONS | USAGE/YR<br>GALLONS | COMMENTS     | > THAN 50 GAL/YR<br>USAGE | EXCEEDS VOC<br>LIMITS | MAY BE EXEMPT AS<br>A SPECIALTY COATING |
|--------------------|--------------|---------------------------------------|---------------------|---------------------|--------------|---------------------------|-----------------------|-----------------------------------------|
| BMS 10-11          | Cr Primer W  | 643                                   | 364                 | 4368                | VOC >350 G/L | YES                       | YES                   | (NO)                                    |
| BMS 10-20          | Primer H     | 651                                   | 140                 | 1680                | VOC >350 G/L | YES                       | YES                   | INTEGRAL FUEL TANK PRIMER               |
| BAC 702 WHITE      | Topcoat H    | 414                                   | 50                  | 600                 | VOC <420 G/L | YES                       | NO                    | NO                                      |
| 44GN-11            | Cr Primer Cr | 342                                   | 141.67              | 1700                | VOC <350 G/L | YES                       | NO                    | NO                                      |
| 17925 WHITE EPOXY  | Topcoat H    | 902                                   | 7.08                | 85                  | VOC >420 G/L | YES                       | YES                   | NO ?                                    |
| MIL-P-23377        | Primer Cr H  | 324                                   | 37                  | 444                 | VOC <350 G/L | YES                       | NO                    | NO                                      |
| BMS 10-60 707 GRAY | Topcoat H    | 543                                   | 12                  | 144                 | VOC >420 G/L | YES                       | YES                   | (NO)                                    |
| BMS 10-86 707 GRAY | Topcoat H    | 532                                   | 7                   | 84                  | VOC >420 G/L | YES                       | YES                   | HIGH SOLIDS ABRASION RESISTANT          |
| 67-10 TY51         | Primer H     | 650                                   | 8                   | 96                  | VOC >350 G/L | YES                       | YES                   | HEAT & FLUID RESISTANT                  |
| 10-79 TYIII        | Primer W     | 647                                   | 10                  | 120                 | VOC >350 G/L | YES                       | YES                   | IMPACT RESISTANT PRIMER                 |
| 37038 BLACK        | Topcoat O    | 420                                   | 16.67               | 200                 | VOC =420 G/L | YES                       | NO                    | NO                                      |

17925 will be Poly

NOTE:

I have accumulated this data including the enclosed MSDS's. The shaded rows may, for one reason or another, be exempt from the requirements of the NESHAP standard in question (40 CFR263 subpart GG). I am unsure of the criteria for qualifying as a speciality coating under the definition in 40CFR subpart GG 63.742. Does the EPA have to approve each coating as a speciality coating, or are the above product descriptions sufficient data to classify these primers and topcoats as speciality coatings? These coatings seem to fit the speciality coatings classification. Please contact me at (316) 943-0731 if you have any questions regarding any of the information I have given to you.

Thank you,

Curtis Howell